

2025-2026
REQUEST FOR TRANSPORTATION
DELANO PUBLIC SCHOOLS

Date of Trip: _____ Departure time: _____ am/pm

Return time: _____ am/pm

Destination: _____ City: _____

Group taking trip: _____ # of Riders _____

Need Trailer ___ yes ___ no

Contact person: _____ ext: _____

Purpose of trip: _____

Bus loading site: _____ Time: _____

Chaperones: _____

Meal Stop at: _____ City: _____

FOR BUDGET PURPOSES:

(Estimated Trip Cost:)	_____ Hours @ \$26.60/hour	\$ _____ *	
	_____ Miles @ \$2.04/mile – Bus	_____ *	
	_____ Miles @ \$2.04/mile – Mini Bus	_____ *	
	_____ Miles @ \$1.55/mile – Van	_____ *	
	Use of trailer @ \$64.18/trip	_____	
	Admissions or Fees	_____	
	_____ Meals ___ bag ___ purchased	_____	
	Gross Cost		
	Less _____ fees @ \$ _____	\$ _____	
	NET DISTRICT COST	\$ _____	

*(note: Minimum cost = \$64.18)

Budget Code: _____ - _____ - _____ - _____ - _____ - _____

or
Activity Account: _____

Requestor: _____ Date: _____

Approved by: _____ Date: _____

**A completed copy must be faxed to Stahlke Bus Co. (972-3757) or email info@stahlkebus.com .
Submit the original to Mary Reeder, District Office, and keep a copy for your records.**