Mathis Independent School District



Transportation Request

Campus/Department: _____

Requested By: _____

Destination & Type of Activity: _____

Departure: (Date) _____(Time): _____ am/pm-circle one

Return: (Date) _____ (Time): _____am/pm-circle one

Estimated Passengers: _____ Number of Students: _____

List of students attending trip must be attached

Number of Buses/Vans Needed: _____ Car(s)/Trucks Needed: _____

Bus Driver Required? Yes or No (please circle one)

Budget Code: Mandatory_____

Destination to and from:_____

Cost of transportation:_____

($1.69 per mile x mileage round trip – for bus): _____

($0.69 per mile x mileage of round trip – for other school vehicles): _____

Special Consideration (wheel chair lift needed, or other needs): _____

Signatures for Approval:

Principal's/Supervisor's Signature: _____ Date: _____

Business & Operations Office: _____ Date: _____

Transportation Use Only: Date Received: _____

1). All transportation requests must be signed by Principal/Director/Supervisor before submitting to administration for approval. After approval it will forwarded to the Transportation Department.
2). All requests "must" have a budget code, to be approved.