

Jackson Public Schools Transportation Request Form



- Transportation requests must be received in the Transportation Department at least two weeks prior to trip departure.
- E-mail requests to: JPS.Fieldtrips@jpsk12.org. Maintain copy for your records.
- For emergencies, contact 810-772-0905.

Athletic: _____
 Non-Athletic: _____

PART 1: Trip details to be filled out by **TRIP SPONSOR** before the trip:

School: _____ Date of Request: _____

Trip Sponsor Name: _____ Trip Sponsor Phone #: _____

Special Equipment (i.e. wheelchair, walker, carseat, etc.) _____

Date of Event	Pick up Location	Total # of Passengers	Leave Time	Destination	Arrival Time	Destination Leave Time	School Return Time

Trip Sponsor Signature: _____ Building Principal Signature: _____

PART 2: Trip details to be filled out by **BUS DRIVER** the day of the trip:

Time Leave Lot	Time Return To Lot	Mileage Start	Mileage Return	Total Miles	Gallons Of Fuel

Bus Driver Name: _____ Bus # _____ Bus Driver phone #: _____

Bus Driver Signature: _____ Trip Sponsor Signature: _____

Driver Comments: _____

At end of trip:

- Transportation will confirm driver timecard matches Part 2 information.
- Upon confirmation, transportation will send to jessica.southwell@jpsk12.org for billing.

**Billing Information for Non-JPS Trips
(For Finance/Transportation Use only)**

Business/Organization _____

Contact Name _____ Contact Phone # _____

Address/City/State/Zip _____

Payroll Use