

BUS USE REQUEST FORM 2025-2026
Transportation Department
2 Butler Ave
Seneca Falls, New York 13148
Shelley Dyson, Transportation Supervisor
sdyson@senecafallscsd.org 315-568-5500 x5450

Today's Date: _____ **Pick up location:** _____

Date of Trip: _____

Leave Building Time: _____ **Group:** _____

Return to Building Time: _____ **# Students:** _____ **# Adults:** _____

Destination: _____ **Address:** _____

Need luggage compartment? _____ **# of Buses:** _____

Person in Charge: _____ **Phone:** _____

(FIELD TRIPS) Is this a GRANT? _____ **Organization paying for trip:** _____ **Phone:** _____

(FIELD TRIPS) Billing Address: _____

APPROVALS:

Principal: _____ **Date:** _____

Business Manager or Superintendent: _____ **Date:** _____

**** FOR TRANSPORTATION DEPARTMENT USE ONLY ****

BEFORE YOU DROP THEM OFF, CONFIRM WITH TEACHER/COACH THE TIME TO PICK THEM BACK UP.

BUS DRIVER REPORT:

MEALS: \$5 (8-9am), \$10 (Noon-1PM), \$15 (5-6PM)

Pre-Trip: _____

Breakfast: _____ ***Lunch:*** _____ ***Dinner:*** _____

You must be on duty for the entire hour to be eligible to claim the meal allowance. Subs need a receipt

You can't claim meals for trips within Seneca County

Est. Return Time: _____

IN: _____ ***OUT:*** _____

Thruway on entrance: _____ ***Off exit:*** _____

HRS: _____ ***MIN:*** _____

Thruway on entrance: _____ ***Off exit:*** _____

End Mileage: _____

Driver Checklist:

Start Mileage: _____

___ Wash & sweep bus, empty garbage

Total Trip Miles _____

___ Return key & EZ-Pass to garage

Driver Full Name: _____

___ Fill fuel tank upon return

Bus Number: _____

Mi: _____ **@ \$1.94/mi. =** _____

Hrs: _____ **@ \$22.41/hr. =** _____

Meals: _____

Tolls: _____

Total Cost: _____

Classification Acct Codes:

K-2 A 5510.160-02-0011 _____

3-5 A 5510.160-01-0011 _____

6-8 A 5510.160-05-0012 _____

9-12 A 5510.160-04-0012 _____

Other- A 5510.160-00-0015 _____

SPORTS- A 5510-160-00-0014 _____

Music- A5510.160-00-0013 _____