

CSD 6J
FM #128
11/98

CLATSKANIE SCHOOL DISTRICT 6J
PO BOX 5130 CLATSKANIE OR 97016

BUS TRANSPORTATION REQUEST

SCHOOL _____ NAME OF GROUP _____

DATE(S) OF ACTIVITY _____ NUMBER GOING _____ EQUIP/BAGGAGE _____

DESTINATION _____

LEAVE FROM _____ TIME OF DEPARTURE _____

ACCOUNT NUMBER _____ ESTIMATED TIME OF RETURN _____

PURPOSE OF TRIP _____

TEACHER/CHAPERONS _____

IN ORDER TO FACILITATE SCHEDULING, ALL REQUESTS MUST BE AT THE BUS GARAGE BY MONDAY OF THE WEEK PRECEDING THE SCHEDULED ACTIVITY. THE BUS SUPERVISOR IS TO BE GIVEN AT LEAST TWO HOURS IN ADVANCE NOTICE OF TRIP CANCELLATION.

This is to certify that all reasonable measures for adequate and sustained supervision are provided the group both during the time of transportation and at the destination.

DATE _____
(Signature of Principal)

DO NOT WRITE BELOW THIS LINE

ADVISOR & DRIVER: Complete 2 copies and return to the bus supervisor at end of trip.

DRIVER _____ Bus # _____ Mileage on return _____

TIME DEPARTED GARAGE _____ Mileage at start _____

TIME DEPARTED SCHOOL _____ TIME DEPARTED DESTINATION _____

TIME ARRIVED AT DESTINATION _____ TIME RETURNED TO SCHOOL _____

TIME RETURNED TO GARAGE _____

DRIVER MEAL FURNISHED YES _____ NO _____

APPROVED: _____
(Advisor)

(Driver)

DO NOT WRITE BELOW THIS LINE

BUS SUPERVISOR: Complete 2 copies, forwarding original to Business Office.

DRIVING TIME _____ EXPENSES: Meals _____

WAITING TIME _____ Lodging _____

TOTAL MILEAGE _____ Other _____

COPIES: Bus Garage
Originator
Business Office