Request for Special Bus Use



East Carter County R-II School District 24 South Herren Ave Ellsinore, MO United States

63937 Phone: 573-322-5625 Fax: 573-322-8586 www.ecarter.k12.mo.us

Date Request Ma	ide:				www.ecarter.k12.mo.us
Person Making Re	equest:				
Name of Class/Gr	roup Going				
Date of Trip	Destination of Trip	Purpose of Trip	Overnight Yes/No	Distance Round Trip	Number Going on Trip
		1			
Time of Departu	ıre			Authoriz	ation
Parson(s) Pasne	ansible for Supervision of the	atrin	Transportatio	n Director	
Person(s) Responsible for Supervision of the trip		- шр	Driver Assigned		
			Bus # Ass	igned	
			Bus Driver's Report on Trip		
				Bus#	
			Beginning Spe	eedometer Read	ling
			Ending Spee	dometer Readir	ng

Building

Administrator

Office Use Only -For Payment

Total Miles

Time Arrived back at School

Signature of Bus Driver

Flat Rate Amount	
Extra hours on trip	
Total Amount for payment	

Superintendent	
Signature	