Odem-Edroy ISD

Transportation Request Circle: Bus/Van/Other_

School: Date Submitted: Submitted By: THIS SECTION TO BE COMPL Destination: Teacher in Charge:		Office who Approval Departme The gold of is approve No trip wi	ich will forward to the must be given prior to int. Topy will be returned to d. Il be approved until	Transportation trip by	to each trip and sent to the Central ion Department. I the Central Office and Transportation Is office by the Supt. Office when/if trip nation is complete and correct.** Number of Riders: Arrival Time Upon Return:	
Group:		Reason for Trip:				
**Account Number to be Billed for Expenses: For Instructional Field Trips 199.11.8194.(001/041/101)99 For Extra-Curricular Literary/Non-Athletic Trips 199.36.6494.00.(001/041/10199 For Athletic Event Trips 199.36.5494.014.9991 Other: Consult your principal or the business office. Special Instructions, Directions, or Additional Information:						
special instructions, directions, or Additional Information:						
Approved by:		Title:			Date Approved:	
THIS SECTION TO BE COMPLETED BY CENTRAL OFFICE:						
					pproved:	
THIS SECTION IS TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:						
Date Received: Vel		chicle Assigned: Bus Van Other:				
THIS SECTION TO BE COMPLE	TED BY DRIVER A	ND THE TRANSPO	ORTATION DEPARTS	MENT ON T	HE DAY OF THE TRIP.	
Bus #	D	river		Trip	Date	
	Date	Time	Odometer			
Return:			Guometer	reduing		
Departure:						
Billing Information: Completed by Driver Completed by Trans, Direct						
Mileage: Total Miles				Completed by Trans. Direct. Total Mileage \$		
			Total Mileage \$ Total Fuel \$			
Fuel: Total Gallons Driver: Total Hours			Total Wage	\c		
Driver to be paid? (Circle C		Total Wages \$ Wage Benefits 7% \$				
Drive Time:hrs @ _		Total \$				
Wait Time:hrs @				<u>T </u>		
Driver's Signature:			Trans. Dir:	•••		

If the driver experiences any mechanical or other difficulties, please report these in writing. (White-Business Office) (Yellow-Transportation) (Pink-Superintendent) (Gold-School)