

BUS REQUEST & TRIP MILEAGE REPORT

Athletic Team _____ DATE OF TRIP _____
Field Trip _____ GROUP TAKEN _____
DESTINATION _____

BUS ORDERED BY _____ DATE _____
BUS APPROVED BY _____ DATE _____
BUDGET CODE _____

HEALTH OFFICE SIGNATURE REQUIRED FOR ALL NON-ATHLETIC TRIPS

HEALTH OFFICE SIGNATURE AND DATE

THIS SECTION TO BE COMPLETED BY TEACHER / CHAPERONE

TEACHER / CHAPERONE'S NAME _____ # ADULTS _____
SCHOOL DEPARTURE TIME _____ # STUDENTS _____
RETURN TIME TO SCHOOL _____
DOES DRIVER STAY OR RETURN TO SCHOOL _____

COMMENTS _____

END OF TRIP: TIME RETURNED TO SCHOOL _____ Teacher / Chaperone Signature & Date _____

THIS SECTION TO BE COMPLETED BY DRIVER

DRIVER'S NAME _____ BUS # _____

MILEAGE

Beginning odometer _____
Ending odometer _____
Total miles _____

TIME

Start @ garage _____
Finish @ garage _____
Total time _____

AMOUNT OF FUEL USED _____

COMMENTS _____

FOR OFFICE USE ONLY

MILEAGE CHARGE Bus = \$ _____ Van = \$ _____

DRIVING TIME IN UNITS _____ X _____ = \$ _____

PREP TIME (15 minutes) _____ = \$ _____

CLEAN UP TIME (15 minutes) _____ = \$ _____

TOTAL CLAIM \$ _____