

Date Received in  
Transportation Office

MOUNTAIN EMPIRE UNIFIED SCHOOL DISTRICT

TRANSPORTATION REQUEST

In accordance with the Policies and Procedures of Mt. Empire Unified School District, I hereby request TRANSPORTATION SERVICES as follows:

PART I: BUDGET CLASSIFICATION NO. \_\_\_\_\_

School \_\_\_\_\_

Dept. to be Charged \_\_\_\_\_

Department Head \_\_\_\_\_

Trip Supervisor \_\_\_\_\_

Destination \_\_\_\_\_

Type of Activity \_\_\_\_\_

Date of Trip \_\_\_\_\_

Time of Departure \_\_\_\_\_ AM/PM

Time to Start Return \_\_\_\_\_ AM/PM

No. of Passengers \_\_\_\_\_ No. per Seat \_\_\_\_\_

SPECIAL INSTRUCTIONS:

I approve this request and the budgetary disposition indicated above.

Principal Plant Manager \_\_\_\_\_ Date \_\_\_\_\_

PART II. Above request approved and subject to scheduling.

Bus Driver's starting time 1/2 hour only before scheduled departure time.

BUS NO. \_\_\_\_\_

DRIVER'S STARTING TIME \_\_\_\_\_ AM/PM

DRIVER'S ENDING TIME \_\_\_\_\_ AM/PM

NO. OF HOURS WORKED \_\_\_\_\_

\_\_\_\_\_ HOURS X \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ HOURS X \_\_\_\_\_ = \_\_\_\_\_

ENDING MILEAGE \_\_\_\_\_

BEGINNING MILEAGE \_\_\_\_\_

TOTAL MILES FOR TRIP \_\_\_\_\_

Time of actual departure from school

to destination \_\_\_\_\_ AM/PM

Time of Arrival \_\_\_\_\_ AM/PM

Time to pick-up for return \_\_\_\_\_ AM/PM

Time of arrival back at school \_\_\_\_\_ AM/PM

Cause of delay (if any) \_\_\_\_\_

PART III:

TRANSPORTATION DEPT. (Office Use Only)

Bus No.	DRIVER	MILEAGE
COST PER MILE		
MILEAGE COST	TOTAL	
LABOR COST	TOTAL	
TRIP TOTAL		

REMARKS: \_\_\_\_\_

Signature of Teacher

Signature of Bus Driver

Transportation Dispatcher

PART II Should be filled in by the bus driver and the teacher together, to assure agreement on information. This report should be turned in to the transportation office as soon as possible after completion of trip.