

Copy to:

- _____ Requestor
- _____ Building Principal
- _____ Transportation Coordinator
- _____ Contractor
- _____ District Office (Billing)

SCHOOL DISTRICT OF LADYSMITH FIELD TRIP TRANSPORTATION REQUEST FORM

REQUESTOR NAME: _____ PHONE # W/ EXT. _____ DATE: _____

REQUESTS ARE DUE ON THE 20TH OF EACH MONTH FOR THE FOLLWOING MONTHS TRANSPORATION NEEDS - PLEASE PUT REQUEST FOR DIFFERENT MONTHS ON SEPARATE FORMS.
SCHOOL PERSONNEL WHO ACCOMPANY STUDENTS ARE RESPONSIBLE FOR EMERGENCY NURSING SERVICES.

	DAY OF THE WEEK NEEDED	DATE NEEDED	# OF BUS(ES) NEEDED	# OF STUDENTS	# OF ADULTS	BUS ARRIVAL TIME	TIME TO DEPART	DEPART FROM	DESTINATION (CITY)	BUS RETURN DEPART TIME	BUS RETURN ARRIVAL TIME	ESTIMATED MILES
1												
2												
3												
4												

***NOTE: WHEN MULTIPLE TRIPS ARE LISTED, THE LINE NUMBER OF THE TRIP CORRESPONDS TO THE LINE NUMBER OF THE CONTRACTOR**

COMMENTS:

FUND LOCATION OBJECT FUNCTION
BUILDING PRINCIPAL AUTHORIZATION
&
SUPERINTENDENT AUTHORIZATION

OFFICE USE ONLY:

1. CONTRACTOR NAME(S): _____	BUS #: _____	PHONE NUMBER: _____
2. CONTRACTOR NAME(S): _____	BUS #: _____	PHONE NUMBER: _____
3. CONTRACTOR NAME(S): _____	BUS #: _____	PHONE NUMBER: _____
4. CONTRACTOR NAME(S): _____	BUS #: _____	PHONE NUMBER: _____

DATE TRIP APPROVED: _____ TRANSPORTATION COORDINATOR SIGNATURE: _____