

OROVILLE UNION HIGH SCHOOL DISTRICT

BILL TO: _____
(Dept., program, etc.)

ORG. KEY _____

REQUEST FOR TRANSPORTATION

THIS FORM MUST BE RECEIVED BY TRANSPORTATION A MINIMUM OF TWO WEEKS PRIOR TO ACTIVITY.

This form is to be completed by the instructor or advisor requesting transportation for field trips, student body trips, or any similar activities. It should be forwarded to the principal for approval, and he/she will send it to the transportation department.

SCHOOL _____ ORGANIZATION/CLASS/TEAM _____

DESTINATION (be specific) _____

PURPOSE OF TRIP _____

LEAVING FROM (specific location) _____

Will depart for destination: Date _____ Time _____

Wish to arrive there: Date _____ Time _____

Wish to leave for home: Date _____ Time _____

Wish to arrive at home: Date _____ Time _____

DESIRED STOPS ENROUTE (comfort, interest, etc.) _____

NUMBER OF PASSENGERS _____ TYPE OF TRANSPORTATION: Bus _____

Signature of staff member requesting transportation Date

Signature of staff member designated to ride bus other than Instructor. Date

APPROVED: _____
Principal Date Transportation Date

TRANSPORTATION DEPARTMENT USE ONLY

REPORTED FOR DUTY _____ AM/PM DROVE ROUTE AM PM 2ND PRE-TRIP INSPECTION

BUS NO. _____ DRIVER _____ SPEEDOMETER: OUT _____ IN _____ TOTAL MILES _____

DRIVING TIME: _____ AM/PM **TO** DRIVING TIME: _____ AM/PM

STAND-BY TIME: _____ AM/PM **TO** STAND-BY TIME: _____ AM/PM

DRIVING TIME: _____ AM/PM **TO** DRIVING TIME: _____ AM/PM

STAND-BY TIME: _____ AM/PM **TO** STAND-BY TIME: _____ AM/PM

DRIVING TIME: _____ AM/PM **TO** DRIVING TIME: _____ AM/PM

I CERTIFY THE ABOVE TIME ARE CORRECT _____

Signature of Driver