

**CLIO AREA SCHOOLS  
TRANSPORTATION REQUEST FORM  
2022-2023**

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF TRIP \_\_\_\_\_

NUMBER OF STUDENTS AND ADULTS \_\_\_\_\_ NUMBER OF BUSES \_\_\_\_\_

# Of Van Passengers \_\_\_\_\_ (max. of 7) *\*NEED COPY OF CHAUFFER DRIVER LICENSE*

PERSON (S) IN CHARGE \_\_\_\_\_

*\*IF FIELD TRIP IS DURING A SCHOOL DAY - RETURN TIME IS NO LATER THAN 2:00pm*

DEPART TIME SCHOOL \_\_\_\_\_ DEPART EVENT TIME \_\_\_\_\_ RETURN TO SCHOOL \_\_\_\_\_

DESTINATION & ADDRESS \_\_\_\_\_

SPECIAL INSTRUCTIONS TO DRIVER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON IN CHARGE OF TRIP DATE

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE DATE

\_\_\_\_\_  
TRANSPORTATION SUPERVISOR'S SIGNATURE DATE

**APPROVED** \_\_\_\_\_ **REJECTED** \_\_\_\_\_

REASON FOR REJECTION \_\_\_\_\_

FOR USE BY TRANSPORTATION OFFICE	MUST BE FILLED OUT BY PRINCIPAL
<p>Driver(s) and Trip Number(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>MILES</p> <p>A. _____ X \$ 2.50 = _____</p> <p>DRIVER HOURS</p> <p>B. _____ X \$22.50 = _____</p> <p>C. \$ _____ meal = _____</p> <p>D. Misc. costs _____</p> <p>TOTAL OF A-B-C-D _____</p> <p>SIGNATURE OF TRANSPORTATION SUPERVISOR _____</p> <p style="text-align: right;">DATE _____</p> <p><small>*transportation office will send original to business office</small></p>	<p>COMPLETE THE FOLLOWING INFORMATION IF GROUP USING VEHICLE IS TO BE BILLED FOR COSTS.</p> <p style="text-align: center;"><input type="checkbox"/> <b>ATHLETICS</b></p> <p>BILL TO:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>BUSINESS OFFICE WILL SEND BILL.</p> <p>AMOUNT _____ DATE _____</p> <p style="text-align: center;"><b><i>*NO REQUEST WILL BE APPROVED WITHOUT BILLING INFORMATION COMPLETED.</i></b></p>