

**CLIO AREA SCHOOLS
TRANSPORTATION REQUEST FORM**

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

Driver(s) and Trip Number(s)

MILES

A. _____ X \$ 2.50 = _____

DRIVER HOURS

B. _____ X \$22.50 = _____

C. \$ _____ meal = _____

D. Misc. costs _____

TOTAL OF A-B-C-D _____

SIGNATURE OF TRANSPORTATION SUPERVISOR _____

DATE

**transportation office will send original to business office*

MUST BE FILLED OUT BY PRINCIPAL

COMPLETE THE FOLLOWING INFORMATION IF GROUP USING VEHICLE IS TO BE BILLED FOR COSTS.

☐ **ATHLETICS**

BILL TO:

BUSINESS OFFICE WILL SEND BILL.

AMOUNT _____ DATE _____

****NO REQUEST WILL BE APPROVED WITHOUT
BILLING INFORMATION COMPLETED.***