

SCHOOL DISTRICT OF PHILLIPS
PHILLIPS, WISCONSIN

Request for Transportation/Vehicle

Vehicle Requested	Budget Allocation
<input type="checkbox"/> Bus (Driver Needed)	<input type="checkbox"/> Grant _____
<input type="checkbox"/> Van	<input type="checkbox"/> Club or Community (Bill to) _____
<input type="checkbox"/> Car	<input type="checkbox"/> PES <input type="checkbox"/> PhMS <input type="checkbox"/> PHS Building Budget
	<input type="checkbox"/> Co-curricular _____
	<input type="checkbox"/> Other _____

Date of Trip _____ Time of Departure _____

Number of students _____ Overnight? Yes No Estimated Time of Return _____

School Making the Request: PHS PhMS PES DIST

Name of Class or Group Making the Trip _____

Destination of Trip _____

Distance One Way _____ Distance Round Trip _____

Purpose of Trip _____

Give name or names of person(s) responsible for the supervision of the trip:

- | | |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

Signature of Principal, Supervisor, or Superintendent

Authorization:

Trip Authorized by _____ Trip Number _____

Driver Assigned _____ Bus # Assigned _____

Driver's Report on Trip:

Bus # _____ Beginning Odometer Reading _____ Ending _____

Total Miles Traveled on Trip _____

Starting Time _____ Ending Time _____ *Total Time _____

*Transfer total time to time sheet

Signature of Bus Driver