

TRIP REQUEST

Date of Request _____

Dept/School _____

Teacher/Admin _____

Date of Trip _____

Group/Club _____

Mode of Transportation to be used:

_____ School Bus _____ Mini Bus _____ School Van _____ Admin. Car _____ SUV

of vehicles needed _____ Expense of trip _____ UIL Contest? Yes _____ No _____

Number of students/employees to make trip: _____ Students _____ Employees

Date	Departure Time	From	To	Arrival Time	Return Time

Name of adult chaperones and sponsors:

Receipt of parental permission forms before trip: Yes No

If this is a field trip, please answer the following:

_____ Number of classes the students will miss

_____ Number of previous classes that students missed as a result of requests from this teacher or organization

List future trips planned for this year _____

Requested by _____

Sponsor of Activity

Approved _____

School Principal/Dir.

Approved by _____

Transportation Supervisor

Date of Approval _____

THIS REQUEST MUST BE SUBMITTED TO TRANSPORTATION SUPERVISOR AT LEAST TWO WEEKS PRIOR TO DATE OF TRIP.

THIS REQUEST WILL NEED TO BE APPROVED BY TRANS. AND WILL NEED TO BE SENT WITH PO FOR TRIP.

TRANSPORTATION USE:

DATE RECEIVED _____

RECEIVED FROM: _____

SENT BACK: _____