DATED: 8-16-17

# 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 ____Truck

**(NOTE: DRIVER OF MINI-BUS, VAN, CAR OR SUV MUST BRING DRIVERS LICENSE TO TRANSPORTATION TO GET VEHICLE)**

# of vehicles needed_____ Expense of trip_____ **UIL Contest? Yes____No_____**

*****************Is this Instructional _____ or Extra-Curricular _____ ********************

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_____ Approved_____

Sponsor of Activity School Principal/Dir.

Approved by_____ Date of Approval_____

Director of Transportation

**THIS REQUEST MUST BE SUBMITTED TO TRANSPORTATION 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:** _____