

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

831-336-2223 / 831-336-2525 FAX

REQUEST FOR SPECIAL FIELD TRIP

Request must be submitted to the Transportation Department at least ten (10) working days prior to date of Field Trip.

SCHOOL: _____ DATE _____

ORGANIZATION: _____

Field Trip Date and Day: _____

Number of Passengers: (Students) _____ (Adults) _____

Destination: (Address/City/Locale, etc.) _____

Spot Time with Bus: _____

Pick Up Time for Return: _____

Departure Time with Bus: _____

Expected Time Back To School: _____

Type of Transportation: _____

Person in Charge: _____

(Large Bus, Mini Bus, Van)

(Name)

Requested by: _____ Charge to Account #: _____

(Signature of Principal)

Billing Address & Phone # _____

TRANSPORTATION DEPARTMENT ONLY

Date Received: _____ Approved: _____

(Transportation Supervisor)

DRIVER(S)					
END MILEAGE <small>Transportation Yard</small>					
BEGIN MILEAGE <small>Transportation Yard</small>					
TOTAL MILEAGE					
DEPARTURE TIME <small>Arrival Time at Transportation</small>					
RETURN TIME <small>Locking Gates at Transportation</small>					
STRAIGHT TIME					
OVERTIME					
TOTAL HOURS					

_____ Miles @ _____ Cents Per Mile = \$ _____ plus salaries in the amount of \$ _____

Plus other expenses in the amount of \$ _____ = TOTAL \$ _____

Damaged or Trashed Bus Extra Charge: \$ _____

Comments: _____ Evacuation Speech(Signature) _____