

SANTA CRUZ CITY SCHOOLS
REQUEST A BUS FOR SPECIAL FIELD TRIP

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

SCHOOL/ORGANIZATION: _____ DATE: _____

ADDRESS: _____ CITY _____ PHONE: _____

FIELD TRIP DAY/DATE: _____ CONTACT: _____

PICK-UP POINT: _____

NUMBER OF PASSENGERS (STUDENTS) _____ (ADULTS) _____

DESTINATION: (ADDRESS, CITY, LOCALE, ETC.) _____

DEPARTURE TIME: _____ RETURN TIME (AT SCHOOL/ORG.) _____

TYPE OF TRANSPORTATION: _____ PERSON IN CHARGE: _____

REQUESTED BY: _____ CHARGE TO ACCT# _____

FOR TRANSPORTATION DEPARTMENT:

DATE REQUEST RECEIVED: _____ APPROVED: _____

DRIVER(S)			
BUS#			
END MILEAGE			
BEGIN MILEAGE			
TOTAL MILEAGE			
DEPARTURE TIME			
RETURN TIME			
STRAIGHT TIME			
OVERTIME			
TOTAL HOURS			

MILEAGE _____ MILES @ _____ CENTS PER MILE = \$ _____

PLUS EXPENSES _____ (HOURS) X (\$33 SCHOOL OR \$35 BUSINESS) = + \$ _____

INVOICE TOTAL = \$ _____

CHARGE TO: _____

SPECIAL INSTRUCTION: _____