

SAN LORENZO VALLEY UNIFIED SCHOOL DISTRICT

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: _____ 20__

ORGANIZATION: _____

Field Trip Date and Day: _____

Pick-up Point: _____

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

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

Departure Time: _____

Return Time to School: _____

Type of Transportation: _____
(Bus, Car, S/W, Van, etc.)

Person in Charge: _____
(Name)

Requested by: _____ Charge to Account #: _____
(Signature of Principal)

TRANSPORTATION DEPARTMENT ONLY

Date Received: _____

Approved: _____
(Director of Transportation)

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

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

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

Charge to: _____

Comments: _____