

TRANSPORTATION REQUEST
Mountain Home Public Schools

SCHOOL

Date Received _____

Approved by _____

TRANSPORTATION

Date Received _____

Approved by _____

Account Number to be charged _____ 65870.

Mandatory

Sponsor Portion:

Person requesting/Making Trip _____

Group or Organization _____ School _____

Date of Trip _____ Day of the Week _____ Destination _____ No. of Passengers _____

Purpose of Trip _____ Time you want to leave _____

Extra Loading time required _____ Expected return time _____

Where will the bus meet you? _____

Will sack lunch be provided? Yes ___ No ___ Rest Stops? Going ___ Returning _____

Type and number of buses required: Activity Bus _____ Special Needs Bus _____ Small Bus _____

Drivers Needed? Yes—How many? _____ No—Driver's name _____

DRIVERS PORTION:

Driver's name _____ Bus # _____ Time you started _____ Time Trip Ended _____

Starting Mileage _____ Ending Mileage _____ Pre-trip inspection Completed ? Yes No

Additional comments _____

TRANSPORTATION PORTION:

Total Miles _____ Number of Buses _____ Mileage Cost \$ _____

Total Hours _____ Number of Paid Drivers _____ Driver Cost \$ _____

Total Trip Mileage _____ Cost \$ _____