

BARSTOW UNIFIED SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION

***** A Minimum of ***THREE WEEKS*** should be allowed for processing
NOTIFICATION IS REQUIRED IF TRIP IS CANCELLED

School _____ Date of Request _____

Grade/Group _____ Teacher/Sponsor _____

Destination _____ City/State _____

Other Stops Planned: _____

Date of Trip _____ Total Number in Group _____

Purpose of Trip: _____

NO. OF VEHICLES NEEDED: Bus(es) _____ with Compartment - Van(s) _____ - Car(s) _____

Departure Time From School: _____ Return Time To School: _____

FUNDING FOR TRANSPORTATION: (Must be Completed)

1. Account Code (When Using District Funds): _____

Requisition No. _____

2. Club/Organization/Individual(s) to be Billed: _____

(Note: If an outside agency is paying transportation costs, you must attach copy of approval letter, i.e., MEEC, etc., or provide name address, phone number of contact person.)

APPROVAL/SIGNATURES:

School Principal/Department Supervisor or Designee

Assistant Superintendent, Educational Services

FOR M&O DEPARTMENT/BUSINESS OFFICE USE ONLY

Approved Denied

Date

Maintenance & Operations Supervisor

FOR TRANSPORTATION USE ONLY

VEHICLE(S) ASSIGNED: BUS(ES) _____ NO.(S) _____

VAN(S) _____ NO.(S) _____

CAR(S) _____ NO.(S) _____

Supervisor of Transportation Dept.