



# RIO GRANDE CITY C. I. S. D. TRANSPORTATION DEPARTMENT SCHOOL BUS REQUISITION FOR TRIPS



5-Copies - Please Press Firmly While Writing.

P.O.# \_\_\_\_\_

Trip# \_\_\_\_\_

**CAMPUS INFORMATION**

FUND	FUNCTION	CLASS OBJECT	SUBJECT	ORG.	PROG. CODE

CAMPUS \_\_\_\_\_

Date Needed \_\_\_\_\_

Faculty Advisor \_\_\_\_\_

Time Needed \_\_\_\_\_ A.M. or P.M.

Estimated Time of Return \_\_\_\_\_ A.M. or P.M.

Number of Students \_\_\_\_\_

Departure Location \_\_\_\_\_

Destination Location \_\_\_\_\_

Educational Rationale (Purpose) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

*( Authority must be Principal / Director / Administrator / Asst. Superintendent )*

COMMENTS ON BUS DRIVER (Driving Skills, Tact, Courtesy, etc.):

(Sponsor should receive Yellow form at beginning of trip and return it by way of campus mail to Transportation Dept. at end of trip.

**DO NOT** give it to the Bus Driver, Return of this form is mandatory).

Responsible Adult on Bus \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

**FOR TRANSPORTATION DEPARTMENT USE ONLY**

Driver \_\_\_\_\_

Bus No. \_\_\_\_\_

Driver \_\_\_\_\_

Bus No. \_\_\_\_\_

Beginning of Mileage \_\_\_\_\_

Ending Mileage \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

APPROVED BY TRANSPORTATION DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_