

IMC NAME _____

REF# _____

DATE _____

FLOWING WELLS PUBLIC SCHOOLS
PUPIL TRANSPORTATION REQUEST
(Educational Field Trips, Athletics, Special Trips, Etc.)

School: _____ Today's Date: _____

INSTRUCTIONS: This form is to be completed in triplicate and signed by the Requester and Principal. A **Purchase Order** must be issued by the Business Office **BEFORE** the request can be sent to the Transportation Office for vehicle assignment. The completed Pupil Transportation Request should be submitted **at least 2 weeks** prior to the date of any trip.

DATE TRANSPORTATION NEEDED: _____ DATE RETURNING: _____

LOAD TIME: _____ (AM) (PM) DEPART TIME: _____

RETURN LOAD TIME: _____ (AM) (PM) ARRIVAL BACK AT SCHOOL: _____

NUMBER OF PUPILS: _____ NUMBER OF CHAPERONES _____ GRADE LEVEL: _____

TYPE AND NUMBER OF VEHICLES REQUESTED:

_____ MINI VAN (7 PASSENGER) _____ BUS (56/84 PASSENGER)
_____ VAN (10 PASSENGER) _____ W/C BUS (2 w/c + 24 PASSENGER)

PLACE FOR PICKING UP STUDENTS AT THE SCHOOL (IF BUS IS REQUESTED): _____

DESTINATION #1: _____

NAME ADDRESS

ADDITIONAL STOPS: (i.e. PARK, MEALS, ETC.) _____

PURPOSE OF TRIP: _____

PERSON MAKING REQUEST (APPROVAL) PRINCIPAL (APPROVAL) TRANSPORTATION DIRECTOR

PLEASE PRINT NAME AND PHONE #: _____

ACCOUNT NAME: _____ PO NUMBER: _____

DISTRICT USE ONLY:

MILEAGE CHARGE _____ \$ _____
ESTIMATED DRIVER CHARGE \$ _____
ESTIMATED TOTAL CHARGES \$ _____
ACCOUNT CHARGED \$ _____

COPY 1: TRANSPORTATION * COPY 2: BUSINESS OFFICE * COPY 3: SCHOOL COPY