

**Monte Alto Transportation Department
Bus Transportation Request
2026 - 2027**

Instructions:

1. Complete all information and submit all copies to the Transportation Secretary.
2. Request must be submitted (10) days prior to each trip.
3. Request for overnight trips must be submitted (15) days prior to each trip.
4. Request must have had Principal signature before submitting.

CAMPUS: _____ **ORGANIZATION:** _____

FACULTY ADVISOR: _____ **DATE OF TRIP:** _____

DEPARTURE TIME: _____ **RETURN TIME:** _____

PURPOSE OF TRIP: _____ **NUMBER OF PASSENGERS:** _____

ADDRESS: _____

(ATTACH PLANNED ROUTE, IF APPLICABLE)

NUMBER OF BUSES REQUESTED: _____

FILLED OUT BY BUS DRIVER

DRIVER ASSIGNED: _____ **BUS NUMBER:** _____

BEGINNING MILEAGE: _____ **ENDING MILEAGE:** _____

BUS FILLED UP BY: _____ **TOTAL MILEAGE:** _____

BEGINNING FUEL: _____ **ENDING FUEL:** _____

COMMENTS: _____

DRIVER'S SIGNATURE: _____

CANCELLED TRIP BY: _____ **REASON:** _____ **DATE:** _____

PRINCIPAL APPROVAL: _____ **Date:** _____

SUPERINTENDENT APPROVAL: _____ **Date:** _____

TRANSPORTATION DIRECTOR APPROVAL: _____ **Date:** _____