

REQUISITION FOR SPECIAL SCHOOL BUS TRANSPORTATION

Requisitions must be in Area Transportation office TWO (2) WEEKS PRIOR to the trip date

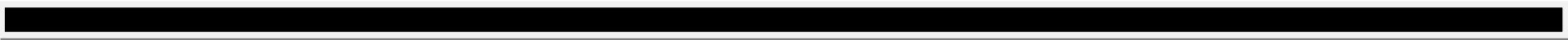
				Requisition #			
					School #	School Year	Number
Department or School		No.		Date of Request			
Loading Area	1.			Day of Trip			
	2.			Date of Trip			
Transportation To	1.			City			
	2.						

Time Bus is Needed at School		A.M.		P.M.		PLEASE GIVE TIMES IN QUARTER HOURS
Estimated Return Time		A.M.		P.M.		
Number of Buses Required						
Special Needs	Wheelchair Bus		Wheelchair Slots (# required)		Seat Belts (# required)	Car Seats (# required)
Number of Persons Being Transported			Adults		Students	
Sponsor(s) in Charge						

	Code		Code
Athletic	1	Educational	4
Band	2	Misc./Other	5
Chorus	3	Ex Ed	6
EXPLANATION			

Signature of Principal or Authorized Delegate

Budget Accounting					Cost Accounting		
School/Department	Internal Accounts	Fund	Project	Account		Program Category	Program
				Function	Object		



Transportation Request - Approved - Disapproved Date: _____

By: _____

2/04
9/09