

BLAINE SCHOOL DISTRICT #503
BUS TRANSPORTATION REQUEST

Complete one request per vehicle and submit to your building principal at least **two weeks prior to scheduled departure.**

DATE SUBMITTED: _____

BUILDING: BPS BES BMS BHS PRPS DISTRICT

PROGRAM: ASB EXTRA CURRICULAR ATHLETIC FIELD TRIP NON FUNDED

REQUESTED BY: _____

DESTINATION: _____

ADDRESS: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

INSTRUCTOR IN CHARGE: _____

PURPOSE OF TRIP: _____

LOADING POINT: GYMS: PAC: TENNIS COURTS: PRIMARY:

LOAD DATE / TIME DATE: _____ TIME: _____ am pm

DEPART DATE / TIME: DATE: _____ TIME: _____ am pm

PICK UP DATE / TIME OF: DATE: _____ TIME: _____ am pm

RETURN DATE / TIME: DATE: _____ TIME: _____ am pm

SPECIAL NEEDS: _____

FERRY: Y / N

LUGGAGE: Y / N

MEAL STOP: Y / N

PRINCIPAL APPROVAL: _____ BILLING CODE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

TRANSPORTATION APPROVAL: _____ DATE: _____

Transportation Use Only:

DRIVER NAME: _____

DATE: _____ BUS #: _____

END MILES: _____ TIME IN: _____

START MILES: _____ TIME OUT: _____

TOTAL MILES: _____ TOTAL TIME: _____

WHITE BOARD

Y / N

CONTRACT HRS: _____

DED HRS: ____ (SUBTRACT TRIP HRS FROM 8 FOR REG HRS-ANYTHING OVER IS OT) TTL WHITE BOARD HOURS: _____
ORIGINAL - TRANSPORTATION COPY - BUILDING