Vehicle Request Form

Complete the form and give to the principal **14 days** prior to the trip.

Date of Trip:				Date Entered in Trip Direct:				
School:				_ Trip Direct Routing Number:				
Week Day:	Monday		Tuesday	Wed	nesday	Thurs	day	Friday
Teacher:						Grade:		
Number of S				Numb 7 passengers				
Destination:								
Address of De	estination:							
Est. mileage c (Use Google N Estimated driv (Drive time=1) Estimated wai (Wait time is a Estimated tota	Maps to deter ve time and co 5 min before it time and co also rounded	mine ac ost: and afte ost: to neare	curate mile er + actual est 15 mine	eage, trips ov drive time (ro utes at rate of	unded to ne	one way requ _ earest 15 min _	uire Boa n) at rat	
A=		+	B=		= Total	Cost of Trip		
Time departing from school:				Arrival time at destination:				
Time departin	Must be	back at	school by	Arrival t 2:20 pm–if yo tment must b	u will arrive	later than tl	nat,	
Please indicat	e what accou	nt will b	e responsi	ble for paying	the transpo	ortation invo	ice for t	his request.
Grant	PTO		School	Stude	ent Funded		_Other	
Special instru	ctions:							
Principal Appr	oval							