



VEHICLE REQUISITION

Must be submitted 7 days prior to trip

RE-9 TRANSPORTATION

Requester: _____

Date:

Group: _____

No. of Students/ Sponsors: _____

Departure Date:

Return Date

Departure Time: _____ a.m. p.m.

Return Time: _____ a.m. p.m.

Destination: _____

Departing from: Ault Pierce

Itinerary: _____

Approval: _____

Approval: _____

Principal/Supervisor

Transportation Director

Date:

Date:

Submit Form

Office Use

VEHICLE ASSIGNED: BUS _____ 15 Passenger _____ 8 Passenger _____

DRIVER(S) ASSIGNED: _____

MILEAGE:

TIME:

OF MEALS

End _____

Pre Trip _____

_____ Breakfast

Start _____

Post Trip _____

_____ Lunch

TOTAL: _____

TOTAL: _____

_____ Dinner

_____ Post 11:00 PM

EVACUATION PROCEDURES REVIEWED: _____

signature of sponsor

date

signature of driver

signature of manager

date