

ELECTRONIC REQUEST FOR TRANSPORTATION

NOTE: District transportation will not be provided without **prior** electronic completion of this form proces. District mileage compensation for **private vehicle transport** will not be approved if any district vehicle is available for trip.

STEP #1 REQUEST (Electronically completed and submitted by requesting **Staff Member**)

Requested By: _____ Grade: _____ Date Requested: _____
Activity: _____ Adults: _____ Students: _____ Date of Trip: _____
Description of Destination: _____ Driver Needed? Yes No
Depart: _____ Return: _____ Depart From: _____ Return to: _____
Transported Cargo (if available): _____
Vehicle Requested: _____ Driver Requested (optional): _____
Date: _____ Requested By: _____

Electronically routed by **Staff Member** to **Principal** or **Supervisor**

Step #2 APPROVAL (Electronically received by **Principal** or **Supervisor**)

Approval? Yes No Reason for Denial: _____
Date Approved: _____ Approved By: _____

Electronically routed by **Principal** or **Supervisor** to **Staff Member** (verify) AND to **Transportation Secretary** (scheduling)

Step #3 VEHICLE SCHEDULING (Electronically received by **Transportation Secretary**)

Vehicle Assigned No. _____ Description: _____ Keys Pickup: _____
Assigned Driver (if necessary): _____ Date Driver Approved: _____
Scheduling Accommodations: _____
Date Assigned: _____ Assigned By: _____

Electonically routed by **Transportation Secretary** to **Principal/Supervisor** AND **Staff Member** (verify) AND **Vehicle Mechanic** (scheduling) Manually given by the **Transportation Secretary** to the **assigned driver** following driver assignment and **before** the trip is completed.

Step #4 DRIVER COMPENSATION (To be manually completed by the **driver after** the trip is completed)

Note: Driver compensation cannot be completed without completion of this form including receipts if trip expense reimbursement is requested.

Condition of Vehicle @ Departure:
Reimburse Total: _____ for Fuel: _____ Repair: _____ Tolls: _____ Receipt: Yes No
Vehicle: _____ Begin Miles: _____ End Miles: _____ Total Miles: _____
Condition of Vehicle @ return:
Driver Comments (optional) _____
Start Time: _____ a.m. p.m. End Time: _____ a.m. p.m. **Total Trip Hours @ \$10 per hour**
Date: _____ Driver Signature: _____

Manually routed by **T. Secretary** to the **Clerk** for driver compensation/district records AND to **Bus Mechanic** (vehicle matters)