



Anderson Union High School District BUS TRANSPORTATION REQUEST



School: _____ Date of Request: _____

Requesting Teacher/Coach: _____

Date of Trip: _____ Date of return trip: _____ Number of buses: _____

Name of group: _____ Number of passengers: _____

Equipment to be transported: _____

Trip destination: _____

Address of destination: _____

Bus Driver to stay with trip: Yes No Requires board approval: Yes No

TRIP ITINERARY FOR DEPARTURES

Departure Date:	Day of the week:
Departure Point:	Leave Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Destination:	Arrival Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Intermediate Stop:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Intermediate Stop:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

TRIP ITINERARY FOR RETURN

Departure Date:	Day of the week:
Departure Point:	Leave time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Destination:	Return time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Intermediate Stop:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Intermediate Stop:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

Teacher/Coach Signature: _____ Date: _____

Principal/Designee Signature: _____ Date: _____

TRANSPORTATION DEPARTMENT USE ONLY

Bus reservation confirmed by: _____ Date: _____

_____ Hours _____ Mileage	Total Trip Time charged: _____ Total Trip Mileage charged: _____ Total cost of trip: _____
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