

Anderson Union High School District

TRANSPORTATION REQUEST

DISTRICT VEHICLES, PRIVATE VEHICLES AND CHARTER BUSES

Departure: _____ / _____ / _____ / _____
DAY OF WEEK MONTH DAY YEAR

Departure time: _____ AM PM

Please note: Unless prior arrangements have been made with Fleet Maintenance, the departure time is the only time the vehicle(s) can be picked up.

Departure location: _____

Return: _____ / _____ / _____ / _____
DAY OF WEEK MONTH DAY YEAR

Return time: _____ AM PM

Return location: _____

Destination (Specific name of venue): _____ City, State: _____

Specific group/person(s) (School, Vars/JV, Boys/Girls, etc.): _____

Purpose of trip (Be specific): _____

Person responsible: _____ Number to be transported: _____

If request is for use of a district vehicle, "Person Responsible" is responsible for submitting the Vehicle Use Report & Inspection, timely return of vehicle and keys, and contacting Fleet Maintenance immediately if use request is cancelled. Failure to cooperate may result in suspension of district vehicle use privileges.

Equipment/gear to be transported: _____

Planned stops (location/purpose): _____

*If using a Charter Bus, what company is being used? _____

*Who is making arrangements for the Charter Bus? _____

All drivers must submit required paperwork and be authorized by Fleet Maintenance **prior** to using district/private vehicles for district business. Some vans require a Class B/P drivers license.

	Driver has met driving requirements	VERIFIED	Estimated Mileage this vehicle
VEHICLE 1	Driver: _____		
VEHICLE 2	Driver: _____		
VEHICLE 3	Driver: _____		
Total Estimated Mileage:			
Funding Source(s): _____			<i>X Cost/Mile:</i> .58
= Total Estimated Cost:			

<p><small>Any trip over 150 miles (one way) or overnight requires board approval. Requests requiring board approval must be submitted at least one month prior to trip date.</small></p> <p>Requires board approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>TO BE COMPLETED BY DISTRICT OFFICE</p> <p>Board approved: _____</p>
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Signature of person submitting request: _____ Date submitted: _____

Approved by: _____ Date approved: _____

Copies to: Fleet Maintenance Principal's Office Requesting Employee