UNIVERSITY PLACE SCHOOL DISTRICT TRANSPORTATION REQUEST

FIELD TRIP TEACHER: Use transportation estimate tool to attain estimate for trip. Include form with estimate when submitting for approval signatures. Once signed, send copy to Transportation Department to finalize vehicle booking.

Date of Request:	Teacher Name: _			
School	Number of Students		Number of Coaches/Chaperones	
Destination Name & Address:				
Departure Date	Time			
Return Date	Time			
Day(s) of Trip: Depart on		Return o	on	
Load Time at School:	Estimated Return Time to School:			
CHS Only Load Location:				
Drop Off & Return: YES	NO (Choose YES	if you want bus to	o leave and return	n later to pick you up.)
If this is a Drop & Return, what tir	ne does the driver need to	be back to load	students?	
Requires Undercarriage?	YES NO Pr	eferred method:	BUS	VAN
If vans are requested, will there b	e any staff drivers? YE	S NO	If yes, please	name drivers:
COACH/TEACHER'S NAME: Sport or Activity:	(PRINTED)		(SIGNATURE	<u>.</u>
PRINCIPAL'S SIGNATURE:			e:	
Charge This Trip To: Buildir	ng ASB Accou	nt Code:		
Remember only 55 bodies to a	bus.			
FIELD TRIP INFORMATI	ON (PLEASE BE ADV	ISED OF THE	FOLLOWING)	
1. CHARGES = \$32.25 PER	HOUR + \$1.62 PER MI	LE (DISTRICT	BUSES ONLY; II	NCLUDES DRIVER + 15
MINUTE TRIP CHECK) 2. BE PREPARED TO PAY ANY	PARKING/FERRY/BRIDGE :	FOLL CHARGES.		
3. THERE MUST BE AN ADULT	CHAPERONE ON EVERY E	TELD TRIP / S	PORTS ACTIVITY	BUS. THE DRIVER
WILL NOT LEAVE UNTIL TH 4. A BUILDING ADMINISTRATO				
5. ALL REQUESTS MUST HAVE	AN ACCOUNT CODE.			
 TRIPS WILL NOT BE SCHED TRIPS SCHEDULED TO RETU 				
8. IF YOU USE CHARTER BUSE		,	_ 3020201 10 0	

Dawnett Wright, Transportation Director

Updated: 9/21/2021