

GALT SCHOOLS TRANSPORTATION DEPARTMENT

Bus ____ of ____

Bus Transportation Request

All requests for transportation must be made through the Transportation Department.

.....Contact) h _____ for bus availability

) : Address: City:

Day of Trip: Leave Date: Return Date:

ITINERARY: (Passengers will load bus 15 minutes prior to departure time)

The California Code of Regulations (13 CCR 1227a) requires all bus stops be designated in advance of a trip. Please note all necessary stops in the Special Instructions section below. Attach additional sheets if needed.

Buses will not make unauthorized stops

Leave: @

Rest Stop Location: **Time Allowed:** **Minutes**

Arrive Destination: @

SPECIAL INSTRUCTIONS: (list additional stops, times and any special needs equipment)

Health Dept. Approval _____

Leave Destination: @

Rest Stop Location: **Time Allowed:** **Minutes**

Arrive: @

School Site: Grade/Dept: Date of Request:

Purpose of Trip: Estimated Cost: \$

Requestor: Supervisor riding bus:

Total # of Passengers: Total # of Buses: Supervisor's cell ph. #: () -

Department Accounting Code:

Fund - Resource - Year - Object - Location - Goal - Function

Approval: _____

.....High School Principal or High School Athletic Director

Driver explained emergency equipment/procedures and verified by: _____

BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

Bus # ____ **Start Mileage:** _____ **End Mileage:** _____ **Total Miles:** _____

Driver Start Time: _____ **Driver Finish Time:** _____ **Driver Hours:** _____

Driver's Name: _____ **# of adults:** _____ **# of students:** _____

Total Miles: _____ X \$2.00 per mile = \$ _____

Total Hours: _____ X \$25.00 per hour = \$ _____

Total Hours: _____ X \$30.00 per hour (Weekend Trips Onl = \$ _____

Contracted Company: _____ **Charter Charges:** = \$ _____

Rev. 7/1/11 TOTAL TRANSPORTATION CHARGES = \$ _____