

TRANSPORTATION REQUEST FORM

TRF # 6404

DATE OF TRIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Point of Departure: \_\_\_\_\_ Destination: 1. \_\_\_\_\_

Departure time: \_\_\_\_\_ Return: \_\_\_\_\_ 2. \_\_\_\_\_

No. Students: \_\_\_\_\_ No. Adults: \_\_\_\_\_ Total: \_\_\_\_\_

Request made by: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Name of teacher, etc.)

Approval: \_\_\_\_\_ School Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal, etc.)

Driver Assigned: \_\_\_\_\_ Phone #: \_\_\_\_\_ Bus#: \_\_\_\_\_

Transportation approved by: \_\_\_\_\_ Date: \_\_\_\_\_

JUSTIFICATION FOR TRIP: \_\_\_\_\_ Meals (Check one): \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR DRIVER USE ONLY:

Odometer Readings:

Ending: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Beginning: \_\_\_\_\_ Beginning Time: \_\_\_\_\_

Total Miles: \_\_\_\_\_ Total Time: \_\_\_\_\_

Driver Pay: \_\_\_\_\_ hrs. x \$6.00 = \$ \_\_\_\_\_

I certify that the above information is correct:

\_\_\_\_\_  
(Driver's Signature) Date: \_\_\_\_\_

METHOD OF PAYMENT (check applicable option):

OPTION I:

Pre-School \_\_\_\_\_ SIA \_\_\_\_\_  
Elem. Art \_\_\_\_\_ Handicap \_\_\_\_\_  
Chapter I: \_\_\_\_\_ Other \_\_\_\_\_  
Account #: \_\_\_\_\_

OPTION II:

Instructional funds \_\_\_\_\_  
School #: \_\_\_\_\_

OPTION III:

Payment by check to: Columbia County School System  
Local Principal \_\_\_\_\_ Athletic: \_\_\_\_\_  
School Club: \_\_\_\_\_

FOR OFFICE USE ONLY: ( do not write or use date stamp below):

Service Charge (44 miles or less) = \$ \_\_\_\_\_

\_\_\_\_\_ miles x \_\_\_\_\_ rate = \$ \_\_\_\_\_

Cleaning fee (if applicable): = \$ \_\_\_\_\_

TOTAL: = \$ \_\_\_\_\_