

**WAYNESBORO AREA SCHOOL DISTRICT
SPECIAL BUS TRIP REQUEST**

Bus Contractor _____ Trip # _____

Group or Organization _____ Date of Trip _____

Person Making Request _____ Date of Request _____

Purpose of Trip _____

Trip will Leave _____ To _____

Number of Passengers _____ Number of Buses _____

Load Bus at Location _____ Time _____

Return Trip will Leave _____ Time _____

Send Bill To _____

Approved _____
 (Principal/Director) (Date) (Transportation Coordinator) (Date)

Budgetary Account Number _____

Drivers must make a written report at once on all accidents or unusual happenings.

FOR DRIVER USE ONLY

Bus No.	Dispatching Order Driver Name	Start	Speedometer Readings		Driver Hours
			End	Miles	

From: _____ Trip # _____

_____ Date of Trip _____

To: _____ Time: _____

_____ Depart To: _____

_____ Depart From: _____

Trip to _____ Number of Buses _____

_____ Miles @ _____

_____ Hours @ _____

Extras (Tolls, Parking, Etc.) _____

Total Invoice _____

Budgetary Account Number _____

Send Bill To _____