

**COLUSA UNIFIED SCHOOL DISTRICT
BUS TRANSPORTATION REQUEST**

Date of Application: _____

School: _____

Supervisor: _____

Grade / Team: _____

Date of Trip: _____

Destination: _____

of Students: _____

Departure time from school: _____

of Adults: _____

Pick up time from event: _____

of vehicles needed: _____

Bus Information: Bus #8 = 30 seats, Bus #10 = 28 seats, Bus #12 = 27 seats, Bus #37 = 14 seats, Bus #76 = 26 seats
All buses seat 2 per seat for adults / older students or 3 per seat for small children
Fee: \$4.00 per mile which includes driver time.

**All Transportation Requests Require A Minimum Two - Week Notice For The
Transportation Department To Coordinate**

No Food Is Allowed In The Bus (Unless Driver Allows It)

Purpose of the trip: _____

List any stops other than the destination for bus trips. Bus drivers will not stop without authorization.
List the approximate time for each stop.

Comments or special notes: (If field trip includes lunch plans, etc...)

ADMINISTRATORS APPROVAL: _____

BUDGET CODE: _____

Requests will be denied and returned without a valid code.

For Department Use Only

Bus #8

Bus #10

Bus #12

Bus #37

Bus #76

Total Mileage Accumulated: _____

Drivers Signature: _____

COLUSA UNIFIED SCHOOL DISTRICT

VAN TRANSPORTATION REQUEST

Date of Application: _____

School: _____

Supervisor: _____

Grade / Team: _____

Date of Trip: _____

Destination: _____

of Students: _____

Departure time from school: _____

of Adults: _____

Pick up time from event: _____

of Vans needed: _____

Van Information: Van #1, #2, #3, #5, #6, #12, seats 9 passengers plus the driver
 Van #4 seats 12 passengers plus the driver and requires a valid school bus license to operate
 Fee: \$.565 per mile for Vans #1 – 12 and \$2.00 per mile for van #4

All Transportation Requests require a minimum two week notice for the transportation department to coordinate

No Food Is Allowed In The Vans Or In The Buses

Purpose of the trip: _____

List any stops other than the destination for bus trips. Bus drivers will not stop without authorization.
 List the approximate time for each stop.

Comments or special notes: (If field trip includes lunch plans, etc...)

ADMINISTRATORS APPROVAL: _____

BUDGET CODE: _____

Requests will be denied and returned without a valid code

For Department Use Only						Gas Card Assigned
Van #1 Set 1	Van #2 Set 1	Van #3 Set 1	Van #5 Set 1	Van #6 Set1	Van #12 Set 1	# 8191-0 <input type="checkbox"/> # 8200-9 <input type="checkbox"/> # 8205-8 <input type="checkbox"/>
Van #1 Set 2	Van #2 Set 2	Van #3 Set 2	Van #5 Set 2	Van #6 Set 2	Van #12 Set 2	
Van #1 Set 3	Van #2 Set 3	Van #3 Set 3	Van #5 Set 3	Van #6 Set 3	Van #12 Set 3	
Start:	Start:	Start:	Start:	Start:	Start:	<hr/> Gas Card Returned Date: _____
End:	End:	End:	End:	End:	End:	
Total:	Total:	Total:	Total:	Total:	Total:	
Total Mileage Accumulated:			Total Gallons: _____			
Date Keys picked up:			Total MPG: _____			
Date Keys returned:						
Signature: _____						