

COLUSA UNIFIED SCHOOL DISTRICT 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: _____
 Vehicle type requested: _____ # 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.

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	29
Van #1 Set 2	Van #2 Set 2	Van #3 Set 2	Van #5 Set 2	Van #6 Set 2	Van #12 Set 2	32
Van #1 Set 3	Van #2 Set 3	Van #3 Set 3	Van #5 Set 3	Van #6 Set 3	Van #12 Set 3	35
Bus #8	Bus #10	Bus #12	Bus #37	Bus #76		36
						39
						40
Total Mileage Accumulated:						
Date Keys picked up:						
Date Keys returned:						
Signature:						
Comments:						