

MONTROSE COMMUNITY SCHOOLS TRANSPORTATION REQUEST FORM

(Request must be submitted to Transportation Office **at least 2-weeks prior** to the travel date)

Staff Member/Group Requesting Trip:		Today's Date:	
Date of Trip:		Name of Location:	
Address:	City:	Zip:	Phone:
EMERGENCY PHONE NUMBER OF STAFF MEMBER ON TRIP (CELL PHONE):			
Leave Time (when you want to leave lot):	Return Time:	Number of Passengers (77 passengers max @ 3 to a seat):	Number of Buses:
TRIP COST			
Miles Roundtrip:	X	\$2.00 per Mile	=
Driver Hours:	X	\$18.62 per Hour	=
*TOTAL COST OF TRIP =			
<i>*Groups are required to pay driver for 15 minutes prior to leave time in order to complete a state required pre-trip inspection. Bus will be in lot 5 minutes prior to scheduled leave time.</i>			
<u>INFORMATION REQUIRED TO PROCESS TRIP REQUEST</u>			
<ol style="list-style-type: none"> 1. Map/Directions – <i>please send with form</i> 2. Parking Information: 3. Additional stops during trip with directions: 			
PAYMENT INFORMATION MUST BE INCLUDED FOR TRIP TO BE SCHEDULED			
Please make checks payable to <u>Montrose Community Schools</u> or provide the information below in order to process payment from students, general fund account, or internal fund			
Student Pay:			
General Fund Name/Account Number:			
Internal Fund Name:			
ROUTING AND SIGNATURES			
<ol style="list-style-type: none"> 1. Sponsor: Building Principal approves trip when this form is signed below 2. Principal: After signing form, submit to Transportation Director 3. Transportation Director: Determine availability of bus(es) and any restrictions (unforeseen circumstances may warrant change in bus availability) <ol style="list-style-type: none"> a. Return form to Trip Sponsor b. Provide copy of form to Driver 4. Sponsor: Send copy of form with payment to the Administrative Office 			
Principal's Signature:			Date:
Transportation Director's Signature:			Date: