903-880-1690 cell-832-729-8255

DATE:\_\_\_\_

## MISD TRANSPORTATION REQUEST

FAX 903-880-1691

Please submit a separate request for each day and trip needed. All request must be completed in time to arrive in the officeof the Transportation Director at least 14 days prior to the trip. Failure to comply will require superintendent's approval andmay result in denial of request. Qualified coach or teacher may drive, other wise the Transportation Director will assign a driver. All requests must be signed by the person driving the vehicle. If this trip is cancelled the Transportation Director must be contacted immediately for you organization may be charged for the expenses incurred. Changes in department, times, or destination must be given to Transportation Director immediately.

Date Submitted:	Date needed:	Date of Return:
Place of Departure:	Departure Time:	Time of Return:
Destination:	No. Transported:	Est. Miles:
Destination Address:		
Purpose of trip (circle one) Edu	cational-UIL-Administrative- other (name, be	specific):
Department or class making	ng trip:	
Meal arrangement for for students:		For Bus Driver:
Ticket admission cost to student:		Ticket/admission for driver:
Sponsors:	Faculty member making request:	
BUDGET CODE:		
Approval: Principal:		Date:
Superintendent (needed if overnnight):		Date:
Coach / Teacher / Bus Driver Assigned:		Bus Number:
Return Miles:		
Departure Miles:		Bus Drivers Box
Total Miles:		Departure time:
MANDATORY CHECK LIST FOR ALL DRIVERS		Return time:
· ·	leeping students or lost articles	
Check the bus for vandalism		Hours worked:
Close all windows, a	,	
Sweep floor and dur	mp all trash	

Failure to return vehicle in **clean** condition will result in forfeiture of pay. **Return completed form to Transportation Director the day following the trip.** 

SIGNATURE OF DRIVER:\_\_\_\_\_