

PAGE UNIFIED SCHOOL DISTRICT NO. 8 TRAVEL REQUEST

DISTRICT OR AUXILIARY ACCOUNT CODE: _____ DATE: _____
(CLUB AND AUXILIARY ACCOUNTS MUST ALSO HAVE A VALID P.O.#)

SPONSOR, COACH OR INDIVIDUAL: _____ TEAM OR GROUP: _____

DESTINATION: _____

IF OUT OF STATE TRAVEL, HAS IT BEEN BOARD APPROVED? YES _____ NO _____

DATE APPROVED BY BOARD: _____

CLASS FIELD TRIP: _____ CLUB FIELD TRIP: _____ OTHER: _____

PURPOSE OF TRAVEL: _____

ARE STUDENTS BEING TRANSPORTED? YES _____ NO _____

NUMBER MAKING THE TRIP: _____ TIME AND DATE OF DEPARTURE: _____

SPECIFY LOCATION OF DEPARTURE: _____

ESTIMATED TIME AND DATE OF RETURN: _____

ADDRESS AND PHONE # OF MOTEL, IF STAYING OVERNIGHT: _____

WILL RESERVATIONS BE MADE FOR BUS DRIVER? YES _____ NO _____

REQUESTED BY: _____ APPROVED BY: _____
PRINCIPAL/SUPERVISOR

NO VEHICLE WILL BE ASSIGNED WITHOUT THE NECESSARY ACCOUNT CODE, P.O. NUMBERS AND SIGNATURES.

TO BE COMPLETED BY DRIVER:

TO BE COMPLETED BY TRANS. SUPERVISOR:

STARTING MILEAGE: _____

VEHICLE ASSIGNED: _____

ENDING MILEAGE: _____

TIME LOADING: _____

TOTAL MILEAGE: _____

COST PER MILE: \$ _____

TOTAL # MAKING TRIP: _____

DRIVER'S SIGNATURE: _____

SIGNATURE OF TRANS. SUPERVISOR _____

CREDIT CARD GALS: _____

SHOP GALS: _____ X \$ _____ = _____

DRIVER'S TIME : @ \$ _____ X _____ HR

TOTAL GALS: _____

DRIVER'S WAGE: @ \$ _____ X _____ HR

TOTAL FUEL COST: \$ _____

TOTAL MILEAGE COST: \$ _____

TOTAL TRIP COST: \$ _____

TOTAL DRIVER COST: \$ _____

TOTAL CHARGE BACK: \$ _____