

## REQUEST FOR USE OF ACTIVITY BUS

Pamlico County Schools

NUMBER OF BUSES NEEDED \_\_\_\_\_

Name of School \_\_\_\_\_

Name of Teacher \_\_\_\_\_

Name of Driver \_\_\_\_\_

When do you plan to leave?      Date \_\_\_\_\_      Time \_\_\_\_\_

When do you plan to return?      Date \_\_\_\_\_      Time \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Trip      Date

\_\_\_\_\_  
Principal's Approval      Date

**Required for Overnight or Out-of-State Trips Only:**

\_\_\_\_\_  
Superintendent's Approval      Date

*A completed copy of this form must be taken to the school bus garage by the teacher or driver at the time the bus is picked up.*

<b>Odometer Reading: Beginning of Trip</b>	_____
<b>Odometer Reading: End of Trip</b>	_____
<b>Total Trip Mileage</b>	_____
<b>Cost Per Mile</b>	_____ \$ .50
<b>Total Cost of Trip</b>	_____