

**CO-CURRICULAR TRANSPORTATION REQUEST AND REPORT
PALACIOS INDEPENDENT SCHOOL DISTRICT
SPECIAL TRANSPORTATION REQUEST**

ORGANIZATION REQUESTING SPECIAL TRANSPORTATION _____

PURPOSE OF REQUEST _____ DESTINATION _____

DAY 1 OR **OVERNIGHT TRIP
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

DAY 2
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

DAY 3
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

NUMBER TO BE TRANSPORTED _____

APPROVED BY _____

REQUESTED BY _____
PRINTED NAME

Principal's Signature

Driver needed: YES NO

Driver Name: _____

BUS REPORT ON CO-CURRICULAR TRIP

BUS NO. _____ BUS NO. _____ BUS NO. _____

SPEEDOMETER READING: SPEEDOMETER READING: SPEEDOMETER READING:

ENDING _____ ENDING _____ ENDING _____

START _____ START _____ START _____

NO. MILES _____ NO. MILES _____ NO. MILES _____

DRIVER'S SIGNATURE _____ DRIVER'S SIGNATURE _____ DRIVER'S SIGNATURE _____

BUDGET CODE FOR SALARY: _____ BUDGET CODE FOR SALARY: _____ BUDGET CODE FOR SALARY: _____

BUDGET CODE FOR GAS: _____ BUDGET CODE FOR GAS: _____ BUDGET CODE FOR GAS: _____

EXPENSE REPORT (FOR OFFICE USE ONLY)			
Item	Out-of-town Purchases		P.I.S.D. Garage Service
	Amount	Cost	
Gas			
Diesel			
Driving Time _____ x \$15.00/hr. _____			
*Waiting Time _____ x \$15.00/hr. _____			
Total Driver's Salary \$ _____			
*Not to exceed \$150 per 24 hour period			

Driver Comments: _____

NOTE: Complete Budget Code numbers for Driver's Salary and for Gas should be inserted in blanks provided for that purpose. This form must be submitted at least two weeks in advance of the intended trip or vehicle request.