

ORIG. _____ SUPT. OFFICE
COPY _____ BUS DRIVER/SPONSOR
_____ BUS MECHANIC

CROSS PLAINS I.S.D.

EXTRACURRICULAR AND FIELD TRIP TRANSPORTATION REQUEST

ORGANIZATION _____

NUMBER OF STUDENTS PARTICIPATING _____

DESTINATION _____

DEPARTURE DATE/TIME _____ / _____ / 20 _____ A.M. or P.M.

RETURN DATE/TIME _____ / _____ / 20 _____ A.M. or P.M.

METHOD OF TRANSPORTATION _____

PURPOSE OF TRIP _____

SIGNATURE OF SPONSOR

DATE OF REQUEST

**YOU MUST COMPLETE THE BEGINNING ODOMETER READING AND
ENDING ODOMETER BELOW.**

APPROVED _____ DISAPPROVED _____
SUPERINTENDENT SIGNATURE

VEHICLE ASSIGNED _____ BEGINNING READING _____

DRIVER ASSIGNED _____ ENDING READING _____

TOTAL MILEAGE _____

**SPONSOR MUST PLEASE COMPLETE AND RETURN TO
SUPERINTENDENT'S OFFICE!**