



**INDEPENDENT SCHOOL DISTRICT 821
MENAHA, MN 56464**

BUS REQUEST FORM (minimum 48 hour request)

Date bus is needed: _____ Total Passengers: _____

Destination: _____

Check the following: Boys Athletics Girls Athletics Specify: _____

Club/Organization: _____ Curriculum Trip: _____

Other/Specify: _____ Lift Bus Required: Yes No

Estimated Miles: _____ Estimated Hours Gone: _____

Departure Time: _____ Return Time: _____

Person Making Request: _____

Responsible Person on Trip: _____

Submit Request to Principal for Approval

Authorization: _____
(principal or superintendent) (Date)

Transportation Supervisor

Bus Assigned: _____ Driver Assigned: _____

Comments: _____

Forward to Driver: Yes No Sub-Driver Scheduled: Yes No

Bus Driver: Drivers Name: _____ Road Time: _____

Note: Road Time (Hours bus was underway. Round off time to nearest tenth of an hour.)

Departure Time: _____ Return Time: _____ Total Time: _____

Odometer Readings: Before: _____ After: _____ Total Miles: _____

Driver Claim: I declare under penalty of law that this claim is just and correct and that no part of it has been previously paid.

Signed: _____

Driver please forward this form to the Transportation Supervisor after Trip. Thanks!!

OFFICE USE ONLY:

Salary Approved for Driver: _____ Date: _____

Entered: _____ Fund: _____ Account: _____

Driver Cost: _____ Per Mile Cost: _____