YALE PUBLIC SCHOOLS – TRANSPORTATION REQUEST

DATE OF TRIP: _____ **DAY OF WEEK:** _____

SCHOOL: _____ **CLASS:** _____

DEPARTING TIME & SCHOOL: _____

DEPARTING DESTINATION: _____

PERSON IN CHARGE: _____

TOTAL PASSENGERS: _____ **NUMBER OF BUSES:** _____

PURPOSE OF TRIP: _____

_____

ESTIMATED COST (Call Transportation for Estimate):

DRIVER: _____	**DRIVER ADMIN:** _____	**BUS:** _____
	TOTAL:	

APPROVAL:

_____   _____
Principal   Superintendent

TO BE COMPLETED BY DRIVER

Driver: _____   BUS: _____

	TIME	**ODOMETER**
END OF TRIP:		
BEGINNING OF TRIP:		
TOTAL:		

FOR OFFICE USE ONLY:

WAGES	**BUS**
Driver: _____	Bus: _____
Driver Admin: _____	**TRIP TOTAL:** _____