

# SPRINGLAKE-EARTH ISD TRANSPORTATION REQUEST

*\* PLEASE MAKE REQUEST AT LEAST 1 WEEK PRIOR TO TRIP. ALSO, RETAIN A COPY FOR YOUR RECORDS, AND CHECK WITH TRANSPORTATION DIRECTOR 1 DAY PRIOR TO TRAVEL TO ENSURE REQUEST WAS RECEIVED.*

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY EMPLOYEE

Teacher In Charge: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Day: \_\_\_\_\_ Number of Riders: \_\_\_\_\_

Group: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Special Instructions: (Please indicate if you need more than 1 Vehicle below:)

## THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Date Received: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_

Car # \_\_\_\_\_ Van # \_\_\_\_\_ Bus # \_\_\_\_\_

Veh#1 Beginning Mileage: \_\_\_\_\_ Mileage Ending: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

Veh#2 Beginning Mileage: \_\_\_\_\_ Mileage Ending: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

Veh#3 Beginning Mileage: \_\_\_\_\_ Mileage Ending: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

Veh #4 Beginning Mileage: \_\_\_\_\_ Mileage Ending: \_\_\_\_\_ Total Mileage: \_\_\_\_\_

Comments: