

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: