

GRASS LAKE COMMUNITY SCHOOLS

TRANSPORTATION REQUEST FORM

School Building: _____

Date of Trip: _____ Date of Request: _____

Teacher(s) Requesting: _____

of Students participating: _____ GRADE(s) _____ # of Adults: _____

Destination of Trip: _____

Pick Up Location: _____

Time of Departure: _____ LEAVE the VENUE at: _____

Educational Purpose of Trip/ GROUP ATTENDING:

Benchmarks to be addressed on Field Trip:

Source of Funding: _____

Principal Approval: _____

Transportation Director: _____

Superintendent Approval: _____

This section is to be completed by Transportation/Central Office

Number of

buses _____

Driver Costs: _____ x \$14.26 = **A. \$** _____
hours Current Hourly Rate Total Driver Cost

Fuel: _____ / 5.9 = _____ x \$ \$4.69 = **B. \$** _____
miles round trip MPG Total fuel gal. current fuel cost Total Fuel Cost

Trip Cost (A + B) _____ x Number of buses _____ = **C. \$** _____