

CLAYSBURG-KIMMEL SCHOOL DISTRICT
Claysburg, PA 16625

TRANSPORTATION REQUEST

ACTIVITY/EVENT _____

LOCATION _____ DATE _____

GROUP _____ SIZE _____

TEACHER IN CHARGE _____

CHAPERONES _____

SCHEDULE

DEPARTURE		DESTINATION	ARRIVAL TIME
FROM	TIME		

ESTIMATED COSTS

CONTRACTOR _____ NO. OF VEHICLES _____

ESTIMATED ROUND-TRIP DISTANCE _____ MILES

_____ MILES @ \$_____/MILE TIMES NO. OF VEHICLES = \$_____

_____ DRIVERS @ \$_____/DRIVER TIMES NO. OF VEHICLES = \$_____

TOTAL \$_____

REQUESTED BY _____ DATE _____

DEPARTMENT	BUDGET CODE	BUDGET ALLOTMENT	PREVIOUS BALANCE	COST OF THIS TRIP	NEW BALANCE

APPROVED/DENIED _____ DATE _____

PRINCIPAL

APPROVED/DENIED _____ DATE _____

SUPERINTENDENT

CONFIRMATION OF TRIP ARRANGEMENTS WITH CONTRACTOR:

_____ DATE _____

SECRETARY TO SUPERINTENDENT