



## TUCSON UNIFIED SCHOOL DISTRICT STUDENT TRAVEL/TRANSPORTATION REQUEST FORM

(COMPLETED BY REQUESTER – PLEASE TYPE)

Requestor _____	School/Dept. _____	Date _____
Place of Departure _____	Destination Addr. _____	
Purpose of Travel _____		

\* (MAXIMUM NUMBER OF PASSENGERS PER BUS IS 75 ELEMENTARY; 65 MIDDLE SCHOOL; 55 HIGH SCHOOL)

**FIELD TRIP BUSES ARE AVAILABLE ONLY BETWEEN 9:15 AM & 12:45 OR ANY TIME AFTER 4:30 PM (M-F)  
AFTER HOURS, WEEKENDS, & HOLIDAYS, CALL DISTRICT SECURITY**

<b>TIMES/DATES:</b> Departure Date _____ P/U Time From Site _____ Return Date _____ P/U Time From Event _____	<b>NUMBER OF PASSENGERS:</b> Students _____ Certified Staff _____ Non Certified _____ Volunteers _____	<b>SPECIAL TRANS. NEEDS:</b> Wheelchairs _____ Seatbelts _____ Other _____
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### TYPE OF TRANSPORTATION REQUIRED

(CHECK ALL THAT APPLY)

**TRANSPORT NEEDS:**

CHARTER       SCHOOL BUS       ROAD BUS

**DESTINATION:**

LOCAL       NON-LOCAL

### TRIP EXPENSE FUNDING SOURCE(S)

MUST BE FILLED OUT COMPLETELY

**BILL TO:**  
 STATE/FEDERAL     SPECIFY \_\_\_\_\_    PTO     TAX CREDIT     STUDENT FINANCE     AIA     COST \$ \_\_\_\_\_

OTHER     SPECIFY \_\_\_\_\_    BILLING ADDRESS \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_    BUDGET CODE TRANSFER \_\_\_\_\_

NAME OF ADMINISTRATOR-FOR APPROVAL \_\_\_\_\_    DATE \_\_\_\_\_

**Regular Field Trips:**

**SITE ADMINISTRATOR**

Approve:     Disapprove:     (Date) \_\_\_\_\_

**GOVERNING BOARD**

Approve:     Disapprove:     (Date) \_\_\_\_\_

**High-Risk Field Trips:**

**LEADERSHIP TEAM**

Approve:     Disapprove:     (Date) \_\_\_\_\_

**TRANS. MGR**

Approve:     Disapprove:     (Date) \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

### TRANSPORTATION INFORMATION ONLY

(COMPLETED BY TRANSPORTATION)

**DROP INFORMATION:**

NAME OF DRIVER \_\_\_\_\_

BUS NUMBER \_\_\_\_\_

ODOMETER LEAVING \_\_\_\_\_

ODOMETER RETURN \_\_\_\_\_

TOTAL MILEAGE \_\_\_\_\_

TIME LEAVING \_\_\_\_\_

TIME RETURN \_\_\_\_\_

TIME TOTAL \_\_\_\_\_

**RETURN INFORMATION:**

NAME OF DRIVER \_\_\_\_\_

BUS NUMBER \_\_\_\_\_

ODOMETER LEAVING \_\_\_\_\_

ODOMETER RETURN \_\_\_\_\_

TOTAL MILEAGE \_\_\_\_\_

TIME LEAVING \_\_\_\_\_

TIME RETURN \_\_\_\_\_

TIME TOTAL \_\_\_\_\_

Number of Passengers \_\_\_\_\_

Number of Passengers \_\_\_\_\_

(DRIVER'S SIGNATURE) \_\_\_\_\_

DATE \_\_\_\_\_

(DRIVER'S SIGNATURE) \_\_\_\_\_

DATE \_\_\_\_\_

Important! An itinerary **must** be completed for each trip request

TRN1100

Revised: 03/12/15