

**CO-CURRICULAR TRANSPORTATION REQUEST AND REPORT
PALACIOS INDEPENDENT SCHOOL DISTRICT
SPECIAL TRANSPORTATION REQUEST**

ORGANIZATION REQUESTING SPECIAL TRANSPORTATION _____

PURPOSE OF REQUEST _____ DESTINATION _____

DAY 1 OR **OVERNIGHT TRIP
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

DAY 2
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

DAY 3
Departure Date:
Departure Time:
Arrival Time:
Return Trip Date:
Departure Time:
Arrival Time:

NUMBER TO BE TRANSPORTED _____

REQUESTED BY _____
PRINTED NAME

**APPROVED BY _____
Superintendent's Signature

APPROVED BY _____
Principal's Signature

Driver Needed (circle one): Yes No Driver Name: _____

BUS REPORT ON CO-CURRICULAR TRIP

BUS NO. _____	BUS NO. _____	BUS NO. _____
SPEEDOMETER READING: _____	SPEEDOMETER READING: _____	SPEEDOMETER READING: _____
ENDING _____	ENDING _____	ENDING _____
START _____	START _____	START _____
NO. MILES _____	NO. MILES _____	NO. MILES _____
_____ DRIVER'S SIGNATURE	_____ DRIVER'S SIGNATURE	_____ DRIVER'S SIGNATURE
BUDGET CODE FOR SALARY: _____	BUDGET CODE FOR SALARY: _____	BUDGET CODE FOR SALARY: _____
_____ BUDGET CODE FOR GAS: _____	_____ BUDGET CODE FOR GAS: _____	_____ BUDGET CODE FOR GAS: _____

EXPENSE REPORT (FOR OFFICE USE ONLY)			
Item	Out-of-town Purchases		P.I.S.D. Garage Service
	Amount	Cost	
Gas			
Diesel			
Driving Time _____ x \$12.00/hr. _____			
*Waiting Time _____ x \$7.25/hr. _____			
Total Driver's Salary \$ _____			
*Not to exceed \$50 per 24 hour period			

Driver Comments: _____

NOTE: This request is to be submitted in triplicate. Complete Budget Code numbers for Driver's Salary and for Gas should be inserted in blanks provided for that purpose. This form along with the School-Sponsored Field Trip Request Form must be submitted at least two weeks in advance of the intended trip or vehicle request.