

Vehicle Request and Use Form

Trinity Alps Unified School District

School: _____ Date(s) needed: _____

Vehicle needed: Bus School Car Van

School personnel making the request: _____
(Please call transportation 530-623-6455 for availability)

Dept/Program: _____ # of Students _____ Adults _____

Destination: _____

Purpose of Trip: _____

Departure: Date Time **Return:** Date Time

Supervising Adult on Bus(or Driver of Vehicle): _____
DMV License # _____

Charge to: (Dept/Program) _____

Dept/Program Account Code: _____

This account has sufficient resources to fund this trip: _____

Dept/Program Approval: _____ Date: _____

Dept/Program Signature

Activity Calendar: _____ Date: _____

Principal Signature

Budget: _____ Date: _____

Superintendent Signature

Requests need to be to the Transportation Dept one week prior to departure.

Drivers Report Actual Readings

Travel To Destination				Travel Return Home				
	Start	End	Total		Start	End	Total	
Odometer:				Miles	Odometer:			Miles
Time:				Hours	Time:			Hours

Bus# _____ School Car# _____ Van# _____

Actual Load: Starting # of Students _____ Starting # of Adults _____
Returning # of Students _____ Returning # of Adults _____

Please note any mechanics of the car that the Transportation dept. needs to be aware of:

Driver's Signature: _____

After this form is complete please return the original to the district office the following work day.