

Send to Angelica Gonzalez fax: (915)633-6517 tel.:(915)434-1729; agonzalez51@yisd.net

Must be received with all required signatures 20 days prior to the departure date. Trip distance not to exceed 600 miles.

Requesting Campus: _____ Today's Date: _____

Requester Information

Sponsor's Name*: _____
 Telephone Number: 434- _____ Email: _____
 After Hours Number: () _____ (*Required) *Sponsor being main person accompanying the group on bus.

Trip Information *PLEASE INDICATE 1ST DAY OF TRIP (✓)

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Departure Date: _____ Departure Time (am/pm): _____
 Destination City: _____ State _____ * Location for Pick Up at School: _____
 Return Date: _____ Departure Time from The "Destination" (am/pm): _____

Passenger Information

No. of students : _____ No. of Adults: _____ *Itinerary must be submitted with request to be approved by the Transportation Department
 No. of wheelchairs: _____ Total Number of Passengers: _____

NOTE: GROUP IS RESPONSIBLE TO PROVIDE ROOMING FOR DRIVER(S) IN DESTINATION CITY. ONE (1) DRIVER PER ROOM.

General Information

Group/Activity: _____
 Hotel Information: _____ ()
 Address: _____ State: _____
 Venue: _____ Address: _____
 Funding Source: _____ - _____ - 6 4 9 4 - _____ - _____ - _____ - _____
 *** (Note: Accounting Code must be valid, with sufficient funds available) ***
 Person filling out form _____ Telephone Number: 434- _____

***Authorization Information** (PLEASE PRINT NAME IN SPACE PROVIDED)

Principal/Budget Administrator	X	_____	_____	/	/
		Signature (Required for all campus trips)	Print	Date	
Associate Superintendent	X	_____	_____	/	/
		Signature (Required for all campus trips)	Print	Date	
Other Required Signatures	X	_____	_____	/	/
		Signature	Print	Date	

FOR TRANSPORTATION DEPARTMENT USE ONLY

Distance from El Paso	_____	Driver Hours	_____	X	\$17.50	_____
Work Order #	_____	Total Miles	_____	X	\$1.00	_____
Units Needed	_____	Other **	_____	X	\$1.00	_____
			Sub Total		_____	_____

Approved Yes No

Add. Units X (subtotal amt) _____
Grand Total _____
 (AMOUNT IS AN ESTIMATION OF COST)

Transportation Director's Signature _____ Date _____
 Quote Date: _____
 By: _____
 Request Rec'd: _____