

USE INK/PRESS HARD

SPENCERVILLE LOCAL SCHOOL DISTRICT
REQUEST FOR BUS TRANSPORTATION

This is to certify that permission has been granted for the bus designated below to make the trip on the date listed. The trip is in compliance with the rules and regulations of the Ohio Department of Education and the Board of Education.

Date of Request _____ Date of Planned Trip _____

Destination _____

Number in Group _____ Number of Buses Needed _____

Group being transported _____ Advisor _____

Time of Departure _____ Time of Return _____

Stopping to eat: Yes ___ No ___ If yes, where: _____

Approved by _____

Supervising Principal

Cafeteria

Superintendent

To be completed by driver and returned for payment. *Denotes fields that MUST be completed by driver or payment will not be made.

*Driver _____ *Bus Number _____

*Odometer Reading _____ Trip End _____

Trip Begin _____

Total Miles _____

*Departed at: _____ a.m. p.m. (circle one)

*Arrived at: _____ a.m. p.m. (circle one)

*TOTAL TRIP TIME _____

PAYROLL USE ONLY:

_____ HRS. @ \$ _____ = \$ _____

PAY DATE _____

White/Payroll

Canary/Payroll

Pink/Mechanic

Goldenrod/Advisor