

**EAST PRAIRIE R-2 SCHOOL DISTRICT
TRANSPORTATION REQUEST**

REASON FOR BUS: _____ DATE: _____

NAME OF DESTINATION: _____

CITY, STATE OF DESTINATION: _____

NUMBER OF STUDENTS: _____ NUMBER OF SPONSORS: _____

SPECIAL EQUIPMENT: _____

COMMENTS: _____

RELEASE TIME FOR STUDENTS: _____ AM / PM

APPROXIMATE TIME OF DEPARTURE: _____ AM / PM

APPROXIMATE TIME OF RETURN: _____ AM / PM

SPONSOR/DATE SIGNED

ADMINISTRATOR/DATE SIGNED

BUS DRIVER INFORMATION

TO BE COMPLETED BY THE BUS DRIVER – PLEASE WRITE LEGIBLY & COMPLETE ALL INFORMATION

ACTUAL TIME OF DEPARTURE: _____ AM / PM }
ACTUAL TIME OF RETURN: _____ AM / PM }
TOTAL HOURS WORKED

MEAL REIMBURSEMENT TOTAL: \$ _____ PLEASE ATTACH RECEIPT(S)

ODOMETER DEPARTURE: _____ }
ODOMETER RETURN: _____ }
TOTAL MILES TRAVELED

BUS DRIVER SIGNATURE: _____

BUS DRIVER NAME (PLEASE PRINT): _____

TRANSPORTATION DIRECTOR SIGNATURE: _____