

Donna Independent School District



TRANSPORTATION DEPARTMENT

211 W. Highway 83 – Donna, TX 78537 ☎ Phone: (956) 464-1870 ☎ Fax: (956) 464-1868

ACCOUNT NUMBER: _____

INSTRUCTIONS:

1. Complete all information and submit all copies at least **two weeks** prior to trip date.
2. Submit three (3) copies to Transportation Office.
3. If account number is omitted, **REQUISITION WILL BE RETURNED.**

CAMPUS: _____ ORGANIZATION: _____

FACULTY ADVISOR: _____ DATE: _____

DESTINATION OF TRIP: _____

PURPOSE OF TRIP: _____

BUS TO LEAVE TRANSPORTATION: _____

BUS TO PICK UP STUDENTS AT: _____ TIME: _____

Place

(Time – a.m./p.m.)

LEAVING DONNA: DATE: _____ TIME: _____

ARRIVING DESTINATION: DATE: _____ TIME: _____

LEAVING DESTINATION: DATE: _____ TIME: _____

ARRIVING DONNA: DATE: _____ TIME: _____

NO. OF BUSES NEEDED: _____ NO. OF STUDENTS ATTENDING: _____

WILL DRIVER BE REQUIRED? _____

VEHICLE NO.	ODOMETER OUT	ODOMETER IN	TOTAL MILES	MILEAGE COST	DRIVER HOURS	DRIVER SALARY	DRIVER COST	TOTAL COST

ATTENTION: TEACHER / SPONSOR

UPON COMPLETION OF FIELDTRIP, THE SPONSOR IS RESPONSIBLE FOR CHECKING THE BUS FOR CLEANLINESS AND ITEMS LEFT ON BUS.

TEACHER / FACULTY ADVISOR SIGNATURE

DATE

APPROVED BY PRINCIPAL

APPROVED BY TRANSPORTATION DIRECTOR

WHITE- BUS DRIVER

YELLOW – SECURITY

PINK – TRANSPORTATION

GOLDENROD – CAMPUS / DEPT.