

# PERRIS UNION HIGH SCHOOL DISTRICT

## REQUEST FOR *BUS* TRANSPORTATION

Athletic Activity



Field Trip Activity

**Instruction:** Please allow four (4) weeks for scheduling

**Instruciton:** Please allow eight (8) weeks for scheduling

DATE OF TRIP	INSTRUCTIONAL PURPOSE OF TRIP	
<b>Site Requesting Trip:</b>		<b>Department:</b>
<b>Pick up location (Address):</b>		

DEPART TIME	STARTING POINT/ADDRESS	ARRIVAL TIME	DESTINATION NAME/ADDRESS
<b>Additional Storage Required for Equipment Needs</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will have lunch away</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

FUNDING LINE(S) TO BE CHARGED						
<b>Number of Buses</b>						
<b>Number of Students being Transported</b>						
<b>Number of Faculty/Adults</b>						
<b>Total Estimated Cost</b>						

REQUESTED BY
<b>Person In charge of trip</b>
<b>Contact number</b>
<b>Paperwork Prepared by</b>

APPROVALS	
_____ Principal/Designee	_____ Date
_____ Business Services	_____ Date

<i>Please indicate any Special Instructions</i>
FOR OFFICE USE ONLY
Trip Request #: _____ Bus Confirmation #: _____

***The Principal is ultimately responsible and a site program will be charged if Business Services is unable to collect from invoiced agency***

ACCOUNTING USE ONLY
Approved for payment: _____
Date: _____ Confirmation #: _____