



DELANO JOINT UNION HIGH SCHOOL DISTRICT

SPECIAL TRIP REQUEST

*Business Office must verify funds
before the Superintendent will approve.*

HAND CARRY ALL URGENT REQUESTS
(If trip is less than 10 days from date of filing)

Dept./Program: _____

Filing Date: _____

Name: _____

Destination: _____
please include city

Event/Purpose: _____

Budget No.: _____ Estimated Cost: _____

Please list all costs including registration fees, tickets, etc. Use multiple lines if necessary. Attach Purchase Orders and/or Requisitions.

Desired time of Departure is _____ on _____
Time Date

Estimated time of Return is _____ on _____
Time Date

Transportation for _____ persons requested via: School Bus ☐ Van ☐ Charter Bus ☐
Personal Vehicle ☐ Truck ☐ District Car ☐

Chaperons: _____

Requested by: _____ Approved by: _____
Teacher in Charge Department Chair

Approved by: _____ Approved by: _____
Principal Superintendent

Further Remarks: _____ Funds? Yes _____ No _____

DRIVER'S REPORT

Driver _____
Vehicle # _____
Day _____ Date _____
Remarks: _____

Odometer Reading:
Return _____
Leaving _____
Miles traveled _____
Time of departure _____
Time of return _____
Total time of trip _____
Hours overtime _____

TRANSPORTATION CHARGE

MILES TRAVELED	COST PER MILE	TOTAL		BUS DRIVER HOURS	COST PER HOUR	TOTAL	GRAND TOTAL
	\$	\$	Regular		\$	\$	\$
			Overtime		\$	\$	\$

Signed _____
Transportation Manager

Driver

The Trip Is Not Approved Until You Receive A Copy Signed By the Superintendent

Any travel over **150 miles** one way and **ALL student overnight trips** require Board approval and must be submitted **SIX (6) WEEKS** in advance.