



# 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.