

**SOCORRO INDEPENDENT SCHOOL DISTRICT  
BUS REQUEST FORM**

[1] TODAY'S DATE:      /      /

[3]

[2] DATE OF TRIP:      /      /  
MONTH      DAY      YEAR

NUMBER OF BUSES REQUESTED: \_\_\_\_\_

71 ELEM. PASS.                       TRANSIT BUS  
 54 HS/MS PASS.

24 ELEM. PASS.                       LIFT BUS  
 16 HS/MS PASS.

53 ELEM. PASS.                       DISTRICT VAN  
 35 HS/MS PASS.

NUMBER OF STUDENTS TO TRANSPORT \_\_\_\_\_

NUMBER OF WHEELCHAIR STUDENTS \_\_\_\_\_

| TRIP AUTHORIZATION                        |                |              |
|---|----------------|--------------|
| _____<br>REQUESTOR'S NAME                 |                |              |
| PH# _____                                 | (OFFICE) _____ | (HOME) _____ |
| _____<br>VALID ACCOUNT NUMBER             |                |              |
| _____<br>ADMINISTRATOR'S SIGNATURE        |                |              |
| _____<br>DIRECTOR'S SIGNATURE (If needed) |                |              |

**INSTRUCTIONS TO REQUESTORS:**

1. SUBMIT BUS REQUEST FORM 14 DAYS PRIOR TO TRIP. (NO FAXES)
2. REQUESTS MADE LESS THAN 14 DAYS PRIOR TO THE TRIP MUST BE PERSONALLY DELIVERED TO TRANSPORTATION.
3. PLEASE PROVIDE A DETAILED ITINERARY FOR OUT-OF-TOWN TRIPS.

[4] CAMPUS/ORGANIZATION: \_\_\_\_\_

REPORT TIME: \_\_\_\_\_ AM  
PM

DEPARTURE TIME: \_\_\_\_\_ AM  
PM

SPECIFIC PICK UP POINT: \_\_\_\_\_

[5] DESTINATION: \_\_\_\_\_

PLANNED ARRIVAL TIME: \_\_\_\_\_ AM  
PM

SPECIFIC DROP-OFF POINT: \_\_\_\_\_  
Address

[6] RETURN DATE:      /      /  
(From Destination) MONTH      DAY      YEAR

DEPARTURE TIME: \_\_\_\_\_ AM  
(From Destination): \_\_\_\_\_ PM

PLANNED ARRIVAL DATE: \_\_\_\_\_

PLANNED ARRIVAL TIME: \_\_\_\_\_ AM  
PM

[7] COMMENTS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

**FOR TRANSPORTATION OFFICE USE ONLY**

APPROVAL STATUS:  APPROVED  
 NOT APPROVED

| FUEL PURCHASES |       |       |
|----------------|-------|-------|
| Date           | Gals. | Cost  |
| _____          | _____ | _____ |
| _____          | _____ | _____ |
| _____          | _____ | _____ |

\_\_\_\_\_  
AUTHORIZED SIGNATURE                      DATE

ENDING MILEAGE \_\_\_\_\_                      TIME IN \_\_\_\_\_ AM  
PM

STARTING MILEAGE \_\_\_\_\_                      TIME OUT \_\_\_\_\_ AM  
PM

TOTAL MILES \_\_\_\_\_                      TOTAL HRS. \_\_\_\_\_

MILEAGE COST: \$ \_\_\_\_\_                      HOURLY COST: \$ \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_