



SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION\* OPERATIONAL SERVICES DEPARTMENT

FIELD TRIP TRANSPORTATION REQUEST FORM

In order to ensure school bus availability, this form must be submitted to Operational Services 2 weeks prior to need

ONE VEH REQUEST PER FORM, TRIPS REQUIRING MULTIPLE VEHICLES WILL REQUIRE THEIR OWN FORM

External Users-Bus driver fees will incur hourly rate of \$60; Substitute fee \$60 per hour if applicable

REQUEST DATE: \_\_\_\_\_ REQUESTER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ORGANIZATION/DEPT: \_\_\_\_\_ BILLING ADDRESS: \_\_\_\_\_

SELECT VEHICLE TYPE:

[ ] SCHOOL BUS \$300 per day\*\*; Max. occupancy of 5th-12th grade is 54. Max occupancy of T-L to 4th grade is 84.

[ ] VAN \$28 per day: Max. occupancy (including driver) is 8.

TRIP START (A) Pick up date: \_\_\_\_\_ Pick up time: \_\_\_\_\_ # of passengers: \_\_\_\_\_

Passenger Contact/Coordinator Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address of location pick up: \_\_\_\_\_

Targeted time of drop off & location: \_\_\_\_\_

RETURN TRIP (B) Pick up date: \_\_\_\_\_ Pick up time: \_\_\_\_\_ # of passengers: \_\_\_\_\_

Address of location pick up: \_\_\_\_\_

Targeted time of drop off & location: \_\_\_\_\_

\*\*CANCELLATION POLICY:

A \$300 fee will be assessed if reservation for bus use is not canceled by a minimum of seven (7) days prior to the date of the event.

Requestor/Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INTERNAL USERS: Budget Code must use Object 5753 – Field Trip

DEBIT Bus-Budget Code: _____	_____ %
DEBIT Bus-Budget Code: _____	_____ %

THIS SECTION FOR OPERATIONAL SERVICES ONLY [ ] External User [ ] Internal User

BUS/VAN # \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Driver Signature: \_\_\_\_\_

Bus driver trip commencing time: \_\_\_\_\_ Bus driver end time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Vehicle Mileage Start: \_\_\_\_\_ Vehicle Mileage End: \_\_\_\_\_ Total Miles: \_\_\_\_\_

PER MILE COST: \$.65 (Van) \$1.96 (Bus) / \$6.00 FUEL MARKET PRICE (BUS AVG 7 MILES PER GAL)

MILEAGE COST: \_\_\_\_\_ FUEL COST: \_\_\_\_\_ DRIVER COST: \_\_\_\_\_ SUB DRIVER COST: \_\_\_\_\_

VEHICLE USE COST: \_\_\_\_\_ TOTAL COST OF FIELD TRIP: \_\_\_\_\_

CASH TRANSFER TO: [ ] EXTERNAL ACCOUNT LINE 01-0000-0-8699-0000-8410-0000-6000-0000

CASH TRANSFER TO: [ ] INTERNAL ACCOUNT LINE 01-0000-0-5273-0000-8410-0000-6000-0000