

# Worth County Board of Education

## Request for Bus\*/Van

**\*Bus requests must be received by Bus Shop 10 days prior to trip.**

**Gray areas to be completed by Bus Shop**

Date of Trip \_\_\_\_\_ (Please confirm trip within 2 days of departure.)

Date of Request \_\_\_\_\_

Date Received \_\_\_\_\_

Destination of Trip \_\_\_\_\_

Round Trip Distance \_\_\_\_\_

Time of Departure \_\_\_\_\_ Estimated Time of Return \_\_\_\_\_

Name of School Making Requesting \_\_\_\_\_

Name of Class or Group to Make Trip \_\_\_\_\_

Number to Make Trip \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Name(s) of person(s) responsible for the supervision of the trip:

\_\_\_\_\_

Name of Designated Driver (if using Van) \_\_\_\_\_

Estimated Expenses \$ \_\_\_\_\_

Expenses Paid By (Choose one):

\_\_\_\_ Dept/School/Club \_\_\_\_\_ (complete acct # below)

Dept/Club Account # \_\_\_\_\_

\_\_\_\_ Booster Club \_\_\_\_\_

\_\_\_\_\_  
Signature Of Principal

\_\_\_\_\_  
Bookkeeper's Initials