

**Dickinson Public Schools**  
**Transportation Request Form & Driver's Report**

**FORMS MUST BE SUBMITTED AT LEAST ONE (1) WEEK PRIOR TO USE DATE**

1. Request From: \_\_\_\_\_ Activity: \_\_\_\_\_  
2. No. of Passengers: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Time Needed: \_\_\_\_\_ AM PM  
3. Overnight Trip: Yes No Date Returned: \_\_\_\_\_ Time Returned: \_\_\_\_\_ AM PM  
4. Destination: \_\_\_\_\_ Departure Point: \_\_\_\_\_  
5. Driver Needed: Yes No Driver's Name (if known): \_\_\_\_\_  
6. Special Instructions: \_\_\_\_\_  
7. Charge to Account Number: \_\_\_\_\_  
8. Administrative Approval: \_\_\_\_\_

**BUS CHARGES:** \_\_\_\_\_ Please contact the Central Office for current rates (701-456-0002)

**DRIVERS REPORT:**

DRIVER: \_\_\_\_\_  
BUS ASSIGNMENT: \_\_\_\_\_  
ENDING MILEAGE: \_\_\_\_\_  
BEGINNING MILEAGE: \_\_\_\_\_  
TOTAL MILES: \_\_\_\_\_

**HOURS:**

DATE/DEPART TIME: \_\_\_\_\_ AM/PM  
DATE/RETURN TIME: \_\_\_\_\_ AM/PM  
DRIVING TIME: \_\_\_\_\_  
WAITING TIME: \_\_\_\_\_  
VEHICLE CLEAN UP TIME: \_\_\_\_\_

**NOTE: Drivers will clean bus after each trip. Drivers will never load more passengers than rated capacity.**

**Buses will not be used if any deficiencies are noted that will jeopardize the safety of the driver or passengers.**

**DRIVER WILL CHECK THE BUS PRIOR TO DEPARTING FOR THE FOLLOWING:**

\_\_\_\_ 1. Tires, Brakes, and steering  
\_\_\_\_ 2. Fuel  
\_\_\_\_ 3. All Safety Equipment  
(Reflectors, First Aid Kit, Fire Ext.)

\_\_\_\_ 4. All Glass including Mirrors  
\_\_\_\_ 5. All Lights & Gauges  
\_\_\_\_ 6. Emergency Exit  
(Buzzer should sound when opened)

**DEFICIENCIES NOTED:**

**DRIVER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BUS CHARGES (Office Use Only):**

Mileage \$ \_\_\_\_\_  
Driver \$ \_\_\_\_\_  
TOTAL CHARGES \$ \_\_\_\_\_

**(To Insure Prompt Payment for Driving:  
Sign, Date and Return to the  
Dispatch Office at the Bus Shop)**