

TURTLE MOUNTAIN SCHOOL DIVISION
REQUEST FOR BUSSING

NO.
APPROVED

School: _____

Date Booked: _____

Pickup at: _____

Date Approved: _____

Pickup Time: _____ Trip Date: _____

Destination: _____

Depart Time: _____

Students: _____ Grades: _____

Wheelchair Bus Req'd?
Bus to stay with group?
Transport Equipment?
Notes: _____

Main Contact: _____

Supervisors: _____

Instructions: _____

Type of Trip: _____
Charge To: _____

FOR DRIVER AND OFFICE USE ONLY

Bus(es) Assigned: _____

Bus#: _____ Driver: _____

PICKUP Base Depart Time: _____ Pickup/Load: _____

RETURN Base Depart Time: _____ Pickup/Load: _____ Rtn Sch/Base: _____

Passengers : _____ Total Trip Time (HHMM): _____

To Destination Odometer Start: _____

Odometer End : _____ Total # of KMs : _____

Notes: _____

Bank Time Y/N : _____