



**Union County School District  
School Bus Requisition Form for Trips**

Today's Date:  Staff making request:

Name of School:  Sport/Club:

Date of Trip:

Event:  Destination:

Time Leaving:  Time Returning:

Approximate No. of Students:  No. of Chaperones:

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Billable Trip:  Yes  No (If yes, estimate will be sent to staff making request)

*\*Please fax this form to transportation: (386) 496-4394\**

**FOR TRANSPORTATION USE ONLY:**

Date received: \_\_\_\_\_ Bus(es) available: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**THIS SPACE TO BE FILLED IN BY DRIVER ONLY:**

Name of Driver: \_\_\_\_\_ Bus #: \_\_\_\_\_

***Speedometer Reading:***

Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_