

BETHEL LOCAL SCHOOL DISTRICT
SCHOOL BUS TRAVEL REQUEST

DATE OF REQUEST:

TEACHER NAME:

DATE OF TRIP:

DESTINATION:

APPROXIMATE DEPARTURE TIME:

SPECIAL STOPS:

NUMBER OF STUDENTS: NUMBER OF CHAPERONES:

PURPOSE OF FIELD TRIP:

TEACHER SIGNATURE: _____ APPROVED BY: _____
.....

TRIP APPROVAL

BUS NUMBER _____ DRIVER NAME _____

AUTHORIZED SIGNATURE: _____
.....

DEPARTURE TIME: _____ DEPARTURE MILEAGE: _____

RETURN TIME: _____ RETURN MILEAGE: _____

BUS DRIVER SIGNATURE: _____

I SWEAR THE ABOVE INFORMATION IS CORRECT

.....
Payment approved: _____ supervisor

Regular time: _____ (hours) @ \$11.59 (hourly rate)= _____

Overtime: _____ (hours) @ \$17.38 (hourly rate)= _____

TOTAL: _____