

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 \_\_\_\_\_

.....

DEPARTURE TIME: \_\_\_\_\_ DEPARTURE MILEAGE: \_\_\_\_\_

RETURN TIME: \_\_\_\_\_ RETURN MILEAGE: \_\_\_\_\_

BUS DRIVER SIGNATURE: \_\_\_\_\_

I SWEAR THE ABOVE INFORMATION IS CORRECT

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Payment approved: \_\_\_\_\_ supervisor

Regular time: \_\_\_\_\_ (hours) @ \$12.50 (hourly rate)= \_\_\_\_\_

Overtime: \_\_\_\_\_ (hours) @ \$18.75 (hourly rate)= \_\_\_\_\_

TOTAL: \_\_\_\_\_