



SCHOOL VEHICLE TRANSPORTATION REQUEST

ALL OCCUPANTS MUST WEAR SEATBELTS

Date of Request : _____

Requesting Staff Member's Name: _____

Destination: _____

Purpose: _____

Number of Students: _____ Number of Adults: _____

Departing Date: _____ Returning Date: _____

Departing Time: _____ Returning Time: _____
(A.M. /P.M.) (A.M. /P.M.)

Account Number _____

Supervisor's Approval _____ Date _____

Transportation Supervisor's Approval _____ Date _____

**ALL VEHICLES ARE TO BE PICKED UP AND RETURNED TO THE BUS GARAGE
AS STATED ON THIS VEHICLE REQUEST FORM**

IF AN EMERGENCY, CALL John Batko @ 701-741-7580

Denials result from unavailable vehicles and/or funds. Trips should have already been planned in the current budget to have a chance of approval. Supervisors are responsible for checking the budget prior to granting approval.

All vehicles shall be returned full of gas. If using a School District credit card please ensure you return the receipt to the District Office.

PLEASE REMOVE ALL GARBAGE FROM VEHICLE

VEHICLE ASSIGNED _____