

Tulelake Basin Joint
Unified School District
P. O. Box 640
Tulelake, CA 96134
530-667-2295

TRAVEL REQUISITION

****Submit at least seven (7) days in advance****

Date of Request: _____

Employee: _____

Date of Trip: _____ School: _____

Destination: _____

Purpose: _____

Driver(s): _____

No. Attending: _____ Bus _____ Car _____ Sienna _____ Suburban(s) _____

Expenses Paid by: _____

Time of Departure: _____ Time of Return: _____

Approved by: _____ Date: _____
Site Principal

Approved by: _____ Date: _____
Transportation Director