

# MADISON PUBLIC SCHOOLS



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Madison, NJ 07940  
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Danielle Mancuso, *Business Administrator*

## Bus Requisition Form

Board Approval Date: \_\_\_\_\_

Overnight Trip: \_\_\_\_\_

(List meeting date this trip was Board approved)

(Is this an overnight trip?)

Date:		Approved Principal:	
Requested by:		School:	

Date of Trip:		Total # Passengers:	
Time Leave Madison:		Time Arrive Madison:	

Destination (Address) & Purpose of Trip:

Bus Vendor:	Cost Quote for Trip:
1	
2	

### Final Determination:

Carrier	Cost Use this fee to determine cost of trip	Carrier Contact Name                      Phone

### District Use Only

#### Availability:

Madison District Bus:	Yes	No – See below
24 Passenger		
54 Passenger		