This form must be downloaded and completed using Adobe. <u>You cannot submit this form using your web browser.</u> When submitting, select the option to send using "Default email application (Microsoft Outlook)".

School: Date submitted: Date submitted: Submitted By: THIS SECTION TO BE COMPLETED BY SPONSOR/TEACHER/PRINCIPAL Destination: Department upon completion of trip: Date Approved: Date Time Approved: Date	NEV	W WAVER	<u>Ly trai</u>	NSPO	RTAT	<u>'ION Ri</u>	EQUEST	
Date Submitted:	School:					INSTRUCT 1. A separate submitted pri	IONS: request must be or to each trip and sent to	
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Person(s) in Charge: Comments: (Include all directions or Special Instructions) Date Approved:	Destination:				Date of Tri	p:	Number of Riders:	
Comments: (Include all directions or Special Instructions) Date Approved: Approved By: Title: THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT Date Received: Date Acknowledged: Vehicle: Car Van Bus Truck Beginning Mileage: Total Mileage: Total Mileage: Date Approved: Approved By: Title: Driver Signature: Driving Time Total Drive Time Standby Time Total Standby Time Start Time AM Stop Time AM Stop Time AM Stop Time PM Stop Time PM Stop Time PM	Group requesting Transportation:						_	
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