

OJAI UNIFIED SCHOOL DISTRICT
Business Service Division
REQUEST FOR BUS TRANSPORTATION

NOTE: MUST BE SUBMITTED TWENTY (20) DAYS IN ADVANCE

SCHOOL USE:

NAME _____ SCHOOL _____ DATE _____

PROGRAM/DEPARTMENT _____ Level (check one) K-6 _____ 7-8 _____ 9-12 _____

Date Transportation Required _____ Number Passengers _____

Special Equipment to be carried _____ Number of buses _____

Time of Departure from School _____ From _____

Return Time at School Site _____ Destination _____

Estimated Number Miles, One-way _____ Who will supervise the students? _____

Charge to Department Budget? Yes _____ No _____ Account Number _____

Charge to ASB/PTA Account _____

Approved _____ Date _____
(Principal or designate)

TRANSPORTATION DEPARTMENT USE:

Vehicle scheduled: Yes _____ No _____ If no, reason _____

Driver scheduled: Yes _____ No _____

Signed _____ Date _____
Transportation Supervisor

BUSINESS OFFICE USE:

Funds available for field trip. Yes _____ No _____ Amount _____ If no, by divestment

Transfer from _____ Charge Wages to Account _____

Charge Other Expenses to _____ Charge to Charter _____

Abatement of Student Payment _____

Approved _____ Date _____
(Business Manager or designate)

INSTRUCTIONS

1. ORIGINATING UNIT - SUBMIT AT LEAST TWENTY (20) WORKING DAYS IN ADVANCE.
2. **Cleaning Fee:** A \$100 cleaning fee will be charged when FOOD and BEVERAGE are consumed on board a bus requiring more than the standard cleaning.
3. **Tolls/Parking:** Your department is responsible for ALL tolls, parking fees and permits.
4. **Overnight Trips:** The site/department is responsible for the driver's accomodation on overnight trips.

Signature _____

