



Waynesboro Area School District Special Bus Trip Request

Bus Contractor _____ Trip # _____

Group or Organization _____ Date of Trip _____

Person Making Request _____ Date of Request _____

Purpose of Trip _____

Trip will Leave _____ To _____

Number of Passengers _____ Number of Buses _____

Load Bus at Location _____ Time _____

Return Trip will Leave _____ Time _____

Send Bill To _____

Approved _____
(Principal/Director) (Date)

Missie Baer
(Transportation Coordinator) (Date)

Budgetary Account Number _____

Drivers must make a written report at once on all accidents or unusual happenings.

FOR DRIVER USE ONLY

Dispatching Order

Speedometer Readings

Bus No.	Driver Name	Start	End	Miles	Driver Hours

From: _____

Trip # _____

Date of Trip: _____

To: _____

Time: _____

Depart To: _____

Trip to _____

Depart From: _____

Number of Buses: _____

_____ Miles @ _____

_____ Hours @ _____

Extras (Tolls, Parking, Etc.) _____

Total Invoice _____

Budgetary Account Number _____

Send Bill To: _____