



CLAREMORE PUBLIC SCHOOLS

VEHICLE REQUEST

Doc # CPST 01-05 Rev A

PLEASE FOLLOW THESE DIRECTIONS: Fill out complete form. Forward this form to your principal for approval. Email completed form to the Transportation Director's office. **IMPORTANT NOTE:** The Source of Funds section must be completed before a vehicle can be assigned.

SECTION 1: REQUEST INFORMATION

Date of Request: _____

Destination: _____ Trip Date: _____

Trip Street Address: _____ City: _____

Purpose of the Trip: _____

Requested by (Sponsor): _____ Phone: _____

Requestors School: _____ Organization: _____

Number of Adults Supervising the Trip: _____ Pick Up Location: _____

Number of Students: _____ Total Vehicles Requested: _____

Departure Time: _____ AM / PM Return Time: _____ AM / PM

SECTION II: APPROVAL

Principal: _____ Date: _____

SECTION III: SOURCE OF FUNDS

Purchase Order Number: _____

Purchase Order Amount: _____

Other Information if Needed: _____

SECTION IV: BUS INFORMATION

TO BE COMPLETED BY BUS DRIVER

Driver's Name: _____ Bus Number: _____

Number of Students at Departure: _____ Number of Students on Return: _____

Odometer Reading on Departure: _____ Odometer Reading on Return: _____

Total Miles Traveled: _____