**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Activity Bus Request**

**Instructions:** Complete this application and forward to the Environmental Office **a minimum of five (5) working days prior to the requested date for use**. **Section B** will be completed by Office Personnel, and a copy returned to you as your **confirmation of availability** **or non-availability** of a bus. The **school** will be invoiced at the rate of $1.50 per mile plus any driver’s salary paid by the Board of Education. **Phone: 735-2286 Fax: 735-2493**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section A:** To Be Completed By Applicant Date Submitted: 12/7/16

School: St Pauls Middle School Requested By Peggy Marshall

Purpose of Trip: All-County Orchestra Destination: Lumberton Junior High School

Date(s) To Be Used: Pickup 4/27/17 Return 4/27/17

Time To Be Used: Pickup 7:00am Return 8:00am

Need Bus With Wheel Chair Accommodations: No Number of Buses Needed: 1

Approved By: \_ , Principal/Assistant Principal

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section B:** Status of Request (To Be Completed By Office Personnel)

Approved Disapproved Date:

Bus Assigned: Fax #:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section C:** This section is to be completed, by driver of the Activity Bus, and returned (with keys) to Environmental Management office upon return of the bus.

Bus Picked Up: Date Time

Bus Returned: Date Time

Cleanliness of bus upon return: Interior Exterior

Gasoline Level (Circle One): Empty ¼ Full ½ Full ¾ Full Full

Was gasoline charged to Central Office Account?: YES\_\_\_\_ No\_\_\_\_ (Attach Tickets)

Describe any mechanical or other concerns that were observed or encountered.

Ending Odometer Reading Upon Return

Beginning Odometer Reading At Pickup

Total Miles Driven Driver’s Signature: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section D:** To be completed by Central Office Personnel **INVOICE**

Miles at $1.50 per mile

Driver’s Salary (If Applicable)

Total Due

Please make check payable to: The Public Schools of Robeson County

(Revised: August 3,2009)

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Mini Bus Request**

**Instructions:** Complete this application and forward to the Environmental Office **a minimum of five (5) working days prior to the requested date for use.** **Section B** will be completed by Office Personnel, and a copy returned to you as your **confirmation of availability** **or non-availability** of a bus. The **school** will be invoiced at the rate of $1.00 per mile plus any driver’s salary paid by the Board of Education. **Phone: 735-2286 Fax: 735-2493**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section A:** To Be Completed By Applicant Date Submitted:

School: Requested By:

Purpose of Trip: Destination:

Date(s) To Be Used: Pickup Return

Time To Be Used: Pickup Return

Need Bus With Wheel Chair Accommodations: \_ Number of Buses Needed:

Approved By: \_ \_ , Principal / Assistant Principal

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section B:** Status of Request (To Be Completed By Office Personnel)

Approved Disapproved Date:

Bus Assigned: Fax #:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section C:** This section is to be completed, by driver of the Mini Bus, and returned (with keys) to Environmental Management office upon return of the bus.

Bus Picked Up: Date Time

Bus Returned: Date Time

Cleanliness of bus upon return: Interior Exterior

Gasoline Level (Circle One): Empty ¼ Full ½ Full ¾ Full Full

Was gasoline charged to Central Office Account?: YES\_\_\_\_ No\_\_\_\_ (Attach Tickets)

Describe any mechanical or other concerns that were observed or encountered.

Ending Odometer Reading Upon Return

Beginning Odometer Reading At Pickup

Total Miles Driven Driver’s Signature:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section D:** To be completed by Central Office Personnel **INVOICE**

Miles at $1.00 per mile

Driver’s Salary (If Applicable)

Total Due

Please make check payable to: The Public Schools of Robeson County

(Revised: August 3, 2009)

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Staff Development Van Request**

**Instructions:** Complete this application and forward to the Environmental Office **a minimum of five (5) working days prior to the requested date for use**. **Section B** will be completed by Office Personnel, and a copy returned to you as your **confirmation of availability** **or non-availability** of the van. The **school/department** will be invoiced at the rate of $1.00 per mile plus any driver’s salary paid by the Board of Education. **Phone: 735-2286 Fax: 735-2493**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section A:** To Be Completed By Applicant Date Submitted:

School/Department: Requested By:

Destination: Designated Driver:

Purpose of Trip:

Date(s) To Be Used: Pickup Return

Time To Be Used: Pickup Return

**# Of Passengers: Note: Must have 6 or more staff members as passengers to request a van.**

Approved By: , Principal / Assistant Principal, Supervisor

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section B:** Status of Request (To Be Completed By Office Personnel)

Approved By: Assistant Superintendent:

Superintendent:

Disapproved: Date: Van Assigned:

Fax #:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section C:** This section is to be completed, by driver of the van, and returned (with keys) to Environmental Management office upon return of the van.

Van Picked Up: Date Time

Van Returned: Date Time

Cleanliness of van upon return: Interior Exterior

Gasoline Level (Circle One): Empty ¼ Full ½ Full ¾ Full Full

Was gasoline charged to Central Office Account?: YES\_\_\_\_ No\_\_\_\_ (Attach Tickets)

Describe any mechanical or other concerns that were observed or encountered.

Ending Odometer Reading Upon Return

Beginning Odometer Reading At Pickup

Total Miles Driven Driver’s Signature:

**Section D:** To be completed by Central Office Personnel **INVOICE**

Miles at $1.00 per mile

Driver’s Salary (If Applicable)

Total Due

Please make check payable to: The Public Schools of Robeson County

(Revised: August 3, 2009)

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Staff Development Car Request**

**Instructions:** Complete this application and forward to the Environmental Office **a minimum of five (5) working days prior to the requested date for use.** **Section B** will be completed by Office Personnel, and a copy returned to you as your **confirmation of availability** **or non-availability** of a car. The **department/school** will be invoiced at the rate of $1.00 per mile plus any driver’s salary paid by the Board of Education. **Phone: 735-2286 Fax: 735-2493**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section A:** To Be Completed By Applicant Date Submitted:

Requested By: Position Title:

Designated Driver: Total Number of Passengers:

Purpose of Trip: Destination:

Date(s) To Be Used: Pickup Return

Time To Be Used: Pickup Return

Approved By: \_ , Assistant Superintendent

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section B:** Status of Request (To Be Completed By Office Personnel)

Approved Disapproved Date:

Car Assigned: Fax #:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section C:** This section is to be completed, by driver of the car, and returned (with keys) to Environmental Management office upon return of the car.

Car Picked Up: Date Time

Car Returned: Date Time

Cleanliness of car upon return: Interior Exterior

Gasoline Level (Circle One): Empty ¼ Full ½ Full ¾ Full Full

Was gasoline charged to Central Office Account?: Yes\_\_\_\_ No\_\_\_\_ (Attach Tickets)

Describe any mechanical or other concerns that were observed or encountered.

Ending Odometer Reading Upon Return

Beginning Odometer Reading At Pickup

Total Miles Driven Driver’s Signature:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section D:** To be completed by Central Office Personnel **INVOICE**

Miles at $1.00 per mile

Driver’s Salary (If Applicable)

Total Due

Please make check payable to: The Public Schools of Robeson County

**Note: Please park car in designated parking space upon return. Thanks!** (Revised: August 3, 2009)

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Procedures**

**For**

**Buses, Vans, Staff Cars**

To expedite the use of the Public Schools of Robeson County Buses, Vans and Cars, the following **new guidelines and the enclosed revised vehicle request forms** are provided for your information and use. All original vehicle request forms should be discarded and the enclosed forms implemented. The effective date for implementation is: **August 1, 2008.**

1. A vehicle request form for use of vehicle(s) should be submitted five (5) working days prior to the requested use date (See attached vehicle request forms).

2. All personnel and schools, using Central Office vehicles, should perform a thorough inspection of the vehicle to insure that a proper state of preparation for use (cleanliness, gas, etc.) has been performed on the vehicle(s) before leaving the Central Office grounds.

3. When the vehicle(s) are returned to the Central Office, **Section** **C should be completed, in full.** Mechanical problems and other concerns should be recorded and reported to appropriate Central Office Personnel. Failure to follow these procedures will result in your not being allowed the use of Central Office vehicles. A clean-up fee of $35.00 may be charged to any groups or individuals returning vehicles in an unclean condition.

1. Please make sure that all windows and doors of the vehicle(s) are secure when they are returned to the Central Office.

**Instructions for pick-up and return of vehicles before and after office hours:**

* 1. Vehicles may be picked up and returned before/after office hours, Monday–Friday, and on weekends, Saturday and Sunday. Daily office hours are 7:00 a.m. – 5:00 p.m. (Monday–Friday).

2. Prior to and/or after the named hours of operation, the **vehicle key(s)**, and the **key copy of the request form** may be picked up from the Security Guard located in the front office of the Board of Education. The **vehicle,** **keys and request form,** **with recorded mileage**, may be returned in like manner unless the return is during regular office hours.

**Vehicles “will not” be allowed to leave the complex without proper documentation in place.**

If you have questions and/or concerns, please feel free to contact Ms. Barbara Lowry at (910) 735-2286.

(Revised: August 3, 2009)

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Use Of Vehicle Charges**

**Central Office Departments**

|  |  |
| --- | --- |
| **Department** | **Responsible Supervisor** |
|  |  |
| **All Schools** | **Principals** |
| **Arts Education** | **Dr. Linda Emanuel** |
| **Child Nutrition** | **Dr. Danny Stedman (Temporary)** |
| **Community Services** | **Mr. Stephen Gaskins** |
| **Computer Services** | **Mr. Stephen Gaskins** |
| **Driver’s Ed.** | **Dr. Linda Emanuel** |
| **E. C. Dept.** | **Mr. Tommy Lowry** |
| **Finance Dept.** | **Ms. Erica Setzer** |
| **Grants Dept.** | **Dr. Linda Emanuel** |
| **Guidance Counselor Dept.** | **Mr. Tommy Lowry** |
| **Health Services** | **Mr. Tommy Lowry** |
| **Human Resources** | **Dr. Walter Jackson** |
| **IEA** | **Mr. Tommy Lowry** |
| **Maintenance Dept.** | **Mr. Stephen Gaskins** |
| **Media Services** | **Dr. Linda Emanuel** |
| **Planetarium** | **Dr. Linda Emanuel** |
| **Purchasing Dept.** | **Mr. Stephen Gaskins** |
| **Robeson County Resource Center** | **Dr. Linda Emanuel** |
| **Shinning Stars** | **Dr. Linda Emanuel** |
| **Transportation Dept.** | **Dr. Walter Jackson** |
| **Curriculum Supervisor** | **Dr. Linda Emanuel** |
| **Secretaries** | **Designated Dept. Supervisors** |
|  |  |
|  |  |
|  |  |
|  |  |

**Note: All bills and checks will be forwarded to Ms. Erica Setzer. Bookkeeping and Finance will pay back to the proper account for the use of central office vehicles and fuels used.**

(Revised: August 3, 2009)