



IDABEL PUBLIC SCHOOLS
Transportation Request

Revised: 2/2017

Date of Request _____ Date of Trip _____

Organization _____

Number of People _____

Destination/Event _____

Special Equipment or Cargo _____

Time or you need to arrive at destination/event _____

Load Time _____ Leave Time _____ Return Time _____

Sponsor's Signature _____

PRINCIPAL'S APPROVAL

Date request received _____ Request Approved _____

Principal's Signature _____

Activity Account to Pay for Travel _____

SUPERINTENDENT'S APPROVAL

Date request received _____ Request Approved _____

Superintendent's Signature _____

TRANSPORTATION OFFICE

Date request received _____

Pikepass# _____ Credit Card# _____