

**Box For Type
Of Bus**

BUS REQUEST

Trip # _____

INDEPENDENT SCHOOL DISTRICT NO. 94
302 14TH STREET
CLOQUET, MINNESOTA 55720

- School Bus**
- Coach**
- Lift Needed**

Day of Trip _____

Please press hard

Destination _____ Date of Trip _____

Activity or Group _____ Purpose _____

Leaving from _____ door # _____ at _____

Time of leaving from destination _____ Number of passengers _____

Other Information _____

Date _____ Sponsor _____

Trip Classification _____ Authorized by _____
(Administrator)

Fund Source _____ Approved _____
Central Office

For contractor office use

Bus No. _____

Driver _____

Contract Bus Cost _____ mi/hr. _____ \$ _____

Additional Expenses _____ \$ _____

Total (Sub total if there is a fuel adj.) _____ \$ _____

Fuel Adjustment +/- _____ C x _____ \$ _____

Grand Total _____ \$ _____

To Be Completed By Driver

Driver sign on time _____ AM/PM

Departure time from Cloquet _____ AM/PM Arrival time at destination _____ AM/PM

Departure time from destination _____ AM/PM Arrival time at Cloquet _____ AM/PM

Driver sign off time _____ AM/PM

Speedometer Reading:

End. _____ TOTAL HOURS _____

Begin. _____ OTHER _____

Total miles _____

Date _____ Signed _____

Driver's Payment Claim

Payment Approved _____

Transportation Director