

Benavides Independent School District
Trip Requisition **2009-2010**

1. School Organization: _____ Budget Code: _____
2. Campus: _____ Other: _____
3. Purpose of Trip: _____ Event/Game Time: _____
4. Destination: _____
5. Date(s) of Trip: _____
6. Leaving Date: _____ Time: _____ Group meeting at _____
7. Returning Date: _____ Time: _____ Retuning Vehicle to _____
8. Employee(s) Attending: _____
9. Number # _____ Names (**attach list if needed**) _____

To be filled out by Transportation Clerk

10. Vehicle Assigned: _____ Driver Assigned: _____

11. To complete the process, please follow these procedures:

A. Trip approved by Principal _____ Date _____

B. Trip approved by Business Manager _____ Date _____
(Or Designee)

C. Trip approved by Curriculum/Sp.Pro. _____ Date _____

12. **Fax copy to Cafeteria Manager if breakfast/lunch will be missed.**

NOTE: Trip requisition must be submitted at least 72 hours before trip for approval or disapproval. If this request is less than 72 hours, please explain

13. **Drivers to complete this section (It must be completed, signed and left in the vehicle).**

Bus/Vehicle # _____ Odom. Reading Begins: _____ Ends: _____

Total Miles: _____ Driver's Signature _____

13. Was Pre-Inspection performed by the Transportation Dept.? Yes () No ()

14. Transportation: Post Trips Inspection Yes () No ()

Notes: