

## KANE COUNTY SCHOOL DISTRICT

**TRANSPORTATION REQUEST  
DISTRICT OFFICE**  
746 So. Constitution Drive  
Kanab, Utah 84741  
435-644-2555

### INSTRUCTIONS

1. Request must be submitted 10 school days prior to need for bus.
2. A separate request form must be filled out for each trip.

### THIS SECTION MUST BE COMPLETED BY TEACHER/PRINCIPAL

Date of Trip:	School:	Destination:
Departure time From School:	Return Time To School:	Group:
Number of Riders:	Teacher in Charge:	Date Submitted:
		Charge To:

COMMENTS:(Include all directions or Special Instructions)

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\_\_\_\_\_

Principal's signature: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY SUPERINTENDENT

Signature:	Date:	Charge To:
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### THIS SECTION TO BE COMPLETED BY TRANSPORTATION ONLY

Date Received:	Approved By:	Title:	Bus Number:
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COMMENTS:

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### THIS SECTION TO BE COMPLETED BY DRIVER

Drivers Name:	Number of Riders:	Bus Number:	Destination:
Mileage:		Time:	
Return: _____		Driving: _____	
Start: _____		Layover: _____	
Trip Mileage: _____		Total Time: _____	

### UPON RETURN: THIS SECTION TO BE COMPLETED BY ADMINISTRATOR IN CHARGE

I have inspected this bus and have found it to be in the following condition:

1. Bus is clean and ready for next trip
2. Bus has beverage spills and needs mopped before next trip
3. Bus needs excessive clean-up

Teacher, Coach or Advisor's Signature: \_\_\_\_\_ Drivers Signature: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY AUDITING DEPARTMENT

\_\_\_\_\_ Total Miles @ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ No. Hrs. Driving @ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ No. Hrs. Layover @ \_\_\_\_\_ = \_\_\_\_\_

Total Salary Charge \_\_\_\_\_

Charge for use of bus: \_\_\_\_\_

No. Of Miles: \_\_\_\_\_ @ \$ \_\_\_\_\_ Per Mile=\$ \_\_\_\_\_