

Bus Travel Request Form

Please complete and return to: Ben Dalton Fax: 435-387-5050

School: _____ Date of Request: _____

Travel Request to: _____ Trip Date: _____

Trip Detail: _____

Advisor for Trip: _____

Advisor Home Telephone: _____ Cell #: _____

Sport or Act.: _____ # of Students: _____ Chaperones: _____

Once at the destination, the bus driver is excused from all duties and responsibilities at: _____

The driver is free to leave the job and is expected to resume responsibility at: _____
unless otherwise directed by the trip advisor.

Time Leaving School: _____ Est. Return Time: _____

Return Date: _____ Totals Days for Trip: _____

Drivers Name: _____ Bus #: _____

Drivers Telephone: _____

Total Drive Time: _____

Total Layover Time: _____

Total Miles Driven: _____

Driver Meals: _____

Speedometer Information:

Ending Mileage: _____

Beginning Mileage: _____

Total Miles Driven: _____



I have reviewed this trip request approval for transport: _____
Principal

Driver: Please complete a detailed itemization of this trip's timeline on the reverse of this page: