Vehicle Requisition

Today's Date	Bus SPV
Trip Date Departure Time _	AM/PM Return TimeAM/PM
Number of Passengers	
Destination	Driver (if SPV)
Person submitting this form:	
To be completed by the Transportation Dire	ector
Vehicle Assigned	
Transportation Director	Date
Inside Indianapolis 465 Loop: Yes	No
	e form is your responsibility and must be completed in ion Director after the trip. This information is
Trip Date Departure Time _	AM/PM Return TimeAM/PM
SPV/Bus Used	Driver
Odometer Start	Odometer Finish
Before Departure 1. Record Mileage 2. Check Vehicle	Upon Returning 1. Record Mileage 2. Check for students, Bags, coats, etc. 3. Trash Cleaned Up 4. Describe any issues below
Driver/Sponsor's Signature	

Academic/Extra-Curricular/Athletic Trip Request

Staff Member		Class			
Cost to Students		Trip Date			
# of Staff	# of Chaperones	# c	# of Students		
Select one of the following:					
 Athletic Trip Academic Trip* Extra-Curricular Trip Recreational Trip 	 (A school-sponsored sporting game or related activity) (A trip that is standards-based and directly connected to the classroom) (A trip for academic teams or school-sponsored clubs) (A trip that does not have any direct educational purpose and does not meet any of the above criteria 				
*Course of Study					
Staff Member's Signature Submit completed form to the	e building secretary fo	Date or any academic	trips. Otherwise forwar	d to the	
building principal for approv	•	or any academic	urpsi outerwise forwar		
Secretary (if applicable)					
Secretary's Signature		Date			
Building Principal					
Approve Reject					
Principal's Signature		Date			
Transportation Director					
Transportation Director's Sig	 vnature	——————————————————————————————————————			