

Pike Valley U.S.D. #426
TRANSPORTATION ASSIGNMENT

This form must be completed when any district vehicle is driven, even if no students are riding. If there are no students riding place a zero on the "number of students" line.

DATE OF EVENT _____, 20_____

TYPE OF EVENT _____

ORGANIZATION _____ SPONSOR _____

DESTINATION _____ NUMBER OF STUDENTS _____

TYPE OF TRANSPORTATION REQUESTED: BUS _____ CAR _____ VAN _____ SUBURBAN _____

DEPARTURE TIME _____ a.m. _____ p.m. (From Scandia) Approximate Return time _____

DEPARTURE TIME _____ a.m. _____ p.m. (From Courtland) Approximate Return time _____

BUS/CAR/VAN/SUBURBAN BUS DRIVER _____

ASSIGNED BY _____ DATE _____, 20_____

APPROVED BY _____ DATE _____, 20_____

PRE-INSPECTION COMPLETED _____ (initial) DATE _____, 20_____

(to be completed by driver)

TIME OF RETURN _____ ENDING ODOMETER READING _____

DEPARTURE TIME _____ BEGINNING ODOMETER READING _____

TOTAL HRS. INVOLVED _____ TOTAL MILEAGE FOR TRIP _____

EXPENSES: (Please attach itemized receipts)

Meals _____

Tolls _____

Other _____

TOTAL _____

Credit cards issued _____

Returned _____

I herby certify that the above claim is true and correct and is due and unpaid.

APPROVED FOR PAYMENT:

Superintendent Date Signature of Driver Driver signature

TURN INTO OFFICE UPON RETURN