

Transportation Request Worksheet (L934 / L935 Terms Panel)

1. Type: _____ 2. Times: _____ 3. Purpose: _____ 4. Pickup Site: _____ 5. I/O: _____
6. To: _____ 7. Address: _____
8. Depart Date: _____ 9. Time: _____ 10. Return Date: _____ 11. Time: _____ 12. DOW: _____
13. Vehicle Type*: _____ 14. Qty: _____ 15. Passengers: _____ 16. ESE: _____ 17. Garage: _____ (W, NW, C, E, Z)
18. Special Instructions: _____
19. Responsible First Name: _____ Last: _____
20. Board Employees: _____
21. Chaperones: _____
22. Requestor Date: _____ 23. Round Trip Miles: _____ 24. Hours: _____ 25. Total Cost of Trip(s)** _____
26. T FND. CNTR. PROJ. OBJT. FUNC. SUBP

* Please call Transportation at ext. 4-0402 for availability of minivans **before** entering into terms.

It is also very important that if you have wheelchairs that you put a W for vehicle type

** When more than one cost center is utilizing the same bus the cost will be divided equally

Requested By: _____ Authorized By: _____
Teacher/Department/Sponsor Principal/Supervisor

DIRECTIONS TO COMPLETE TOP PORTION OF FORM

1. O – One time trip, R – Reoccurring trip
2. 1 if onetime, number > than 1 if reoccurring
3. What is purpose of trip (relation to program) F4
4. 4 digit school code
5. In or out of county
6. Destination
7. Address of Destination
8. Date trip begins
9. Indicate time and “A” for a.m. “P” for p.m.
10. Date trip will end
11. Indicate time and “A” for a.m. “P” for p.m.
12. Day of the week trip is going to be taken
13. B-Bus, V-Minivan*, W-Wheelchair Bus (Wheelchair buses require an Assistant)
14. How many buses or minivans needed
15. # of Passengers (Minivans hold 7 passengers including the driver)
16. “Y” Yes, “N” No for ESE students
17. Requesting minivan from which garage: W-West, N-Northwest, C-Land O’Lakes, E-Dade City, Z-Zephyrhills
18. Any special instructions especially if ESE (# of harnesses, # of wheelchairs)
19. First & Last Name of person in charge of trip
20. Names of Board Employees going on trip
21. Names of Chaperones going on trip
22. Date trip requested
23. Estimated round trip miles for trip
24. Total hours of trip
25. **Total projected cost for budget
26. Enter the account strip that classifies and describes the request. The account listed will be charged with the expenses related to fulfilling this request.