

Transportation Request Worksheet (Fleet Service Request)

1. Fleet Req. #: _____ 2. Requesting Dept.: _____ 3. Servicing Dept.: _____ 4. Activity _____
Charge back:
 5. Description: _____ 6. Cause: _____ 7. Req. dept. distribution code _____

 _____ T FND. CNTR. PROJ. OBJT. FUNC. SUBP

User defined fields:
 8. Contact Person: _____ Contact Phone #: _____ 9. Date of trip: _____
 10. Destination: _____ 11. Destination Address: _____
 12. Departure Time: _____ 13. Return to School: _____ 14. Special Equipment: _____
 15. Total # Passengers: _____ 16. Vehicle Type*: _____ 17. Round Trip Miles: _____ 18. Number of buses/ vans: _____
 19. # of Wheel Chairs: _____ 20. Number of H-Straps: _____ 21. Number of A/C buses: _____ 22. Educational Purpose: _____
 23. One time or Recurring (O/R): _____ 24. ESE (Y/N): _____

* Please call Transportation at ext. 4-0402 for availability of minivans **before** entering into MUNIS.
 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. Fleet Request number defaults when starting the new request by clicking add. Make a note of this number.
2. This is the requesting school's cost center number (4 digit school code)
3. The garage servicing the school. (9032-East, 9033-West, 9034-Central, 9035-Northwest, 9037-South, 9038-Southeast)
4. FLDTRP and click accept.
5. Start with the Date of trip, what trip is for & any special instructions especially if ESE (# of harnesses, # of wheelchairs)
6. Enter or Select 900 for fieldtrip code and click accept.
7. Select SA for student activities fieldtrip or whichever code best matches the request and click Accept. (double check the GL code defaulted appropriately)
8. Contact person name on the trip and their number to reach them.
9. Date of trip; Must be entered in MM/DD/YYYY format
10. Destination where trip is going. (We service in State of Florida only.)
11. Enter full address of destination.
12. Use military time format of HH.MM (example: 4:30 am = 04.30 ; 4:30 pm = 16.30)
13. This is the time you arrive back at your home school. Use military time format of HH.MM (example: 4:30am = 04.30 ; 4:30pm = 16.30)
14. Y (yes) or N (no)
15. Total passengers including chaperones.
16. B-Bus, V-Minivan*, W-Wheelchair Bus (Wheelchair buses require an Assistant)
17. Estimated round trip miles for trip (Reminder: that Wrap Trips will have double the amount of miles going back and forth.)
18. How many buses or minivans needed
19. Number of wheelchairs. If none enter 0. Typically, buses can hold 2-3 wheelchairs each.
20. Number of H Straps. If none enter 0
21. A/C buses are only available when the student participant has IEP documentation requiring A/C. Otherwise this will be 0.
22. A- athletics, B- band, C- classroom, E- ESE, P- project, V- vocational
23. "O" for one time and "R" for recurring. Nearly 99 % of trips will be an O.
24. "Y" Yes, "N" No for ESE students