

GALT SCHOOLS TRANSPORTATION DEPARTMENT

Bus ____ of ____

Bus Transportation Request

All requests for transportation must be made through the Transportation Department.

Contact Transportation at Transportation@galt.k12.ca.us for bus availability

Destination:

Address:

City:

Day of Trip:

Leave Date:

Return Date:

ITINERARY: *(Passengers will load bus 15 minutes prior to departure time)*

The California Code of Regulations (13 CCR 1227a) requires all bus stops be designated in advance of a trip. Please note all necessary stops in the Special Instructions section below. Attach additional sheets if needed.

Buses will not make unauthorized stops

Leave:

@

Rest Stop Location:

Time Allowed:

Minutes

Arrive Destination: @

SPECIAL INSTRUCTIONS: *(list additional stops, times and any special needs equipment)*

Health Dept. Approval _____

Leave Destination: @

Rest Stop Location:

Time Allowed:

Minutes

Arrive:

@

School Site:

Grade/Dept:

Date of Request:

Purpose of Trip:

Estimated Cost: \$

Requestor:

Supervisor riding bus:

Total # of Passengers:

Total # of Buses:

Supervisor's cell ph. #: () -

Approval: _____ / _____
School Principal/Athletics Director
District Office

Driver explained emergency equipment/procedures and verified by: _____

BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

Bus # _____ **Start Mileage:** _____ **End Mileage:** _____ **Total Miles:** _____

Driver Start Time: _____ **Driver Finish Time:** _____ **Driver Hours:** _____

Driver's Name: _____ **# of adults:** _____ **# of students:** _____

Total Miles: _____ X \$2.00 per mile = \$ _____

Total Hours: _____ X \$25.00 per hour (up to 8 hours) = \$ _____

Total Hours: _____ X \$30.00 per hour (weekend trips) = \$ _____

Contracted Company: _____ **Charter Charges:** = \$ _____

Rev. 7-1-18 **TOTAL TRANSPORTATION CHARGES** = \$ _____