

LAMESA I.S.D.
REQUEST FOR TRANSPORTATION

Send in duplicate to Transportation Department

This request must be sent to the Transportation Director at least five (5) days prior to departure.

School or Department: _____ Date of Trip: _____

Day(s) of Week: _____ Time of Departure: _____

Date & Time of Vehicle pick up: _____

(If different than above date)

Number of Riders: _____ Destination: _____

Band & Football Only:

Instrument Bus Needed? Yes No Equipment Van Needed? Yes No

Purpose of Trip: _____

Place of Departure: _____

Estimated Time & Date of Return: _____

Name of Sponsor(s) Riding: _____

Cell phone number of Sponsor(s): _____

Driver Needed? Yes No If No, who will drive? _____

Requested by: _____ Date: _____

Administration Use Only

Principal Approval: _____ Date: _____

Transp. Director: _____ Date: _____

Number of Buses/Vans/Cars Used: _____