

TRANSPORTATION REQUEST

Oskaloosa Community School District – **One form required for each vehicle**

Car _____

Bus _____

_____ Check if students will be riding.

Date of Trip	Time of Departure	Approximate Time of return	Destination	Size of Group	Meeting Place for Departure

Name of Organization or Club

Print Name of Sponsor

Today's Date

Building Principal Signature

Purpose of Trip _____

Charge Expense to _____

NOTE: If there is any change in the above information, please notify Stacey Lamb at the Bus Barn.
(Please complete the entire form.)

FOR TRANSPORTATION DEPARTMENT USE ONLY

I hereby certify that the above trip was made as authorized and reported.

Miles Round Trip _____

Total Hours Involved _____

Food _____

Driver