GCSD Transportation Request

Request for transportation must be cleared through your Principal, the District Office and the Transportation Supervisor.
To avoid scheduling conflicts, a request must be turned in *AT LEAST TWO WEEKS PROIR TO DEPARTURE DATE.*
No vehicles will be released without proper approval.

Today's Date:_____

Trip Date(s): _____Return_____ Time of Departure:_____

Destination:_____ Time of Return:_____

Requesting School:_____ **Type of Vehicle/Quantity:**

Reason:_____ ☐ District Car(s) _____

Instructor/Coach:_____ ☐ Suburban(s) _____

Number of Students:_____Grade(s)_____ ☐ Bus(s) _____

Name on Account:_____ ☐ Sport ☐ NON Sport ☐ Field Trip

Assigned by Principal/Director

_____ _____

Instructor/Coach Signature Date Signed Athletic Director/Principal Date Signed

District Office

_____ _____

Business Administrator Signature Date Signed Superintendent Signature Date Signed

Transportation Office

Beginning Miles		Driver:	
Ending Miles		Bus #	
Difference		Miles	_____@$_____=_____
Time OUT Garage			
Time IN Garage		Per Diem	_____@$_____=_____
Total Driving Hours		Hrs. Driving	_____@$_____=_____
Layover Hours		Layover Hours	_____@$_____=_____
No. of Students		Hrs. Overtime	_____@$_____=_____
Refill Fuel Gallons		Total Fuel used	
OT Fuel Gallons		Total Cost of Trip	

Remarks and / or Problems:_____

Transportation Supervisor:_____ Date Signed:_____

Finance Office

Charge to Account#:_____ Date of Journal Entry:_____