

DLS-ISD TRANSPORTATION REQUEST

DATE NEEDED _____ DEPART TIME _____ DESTINATION _____

RETURN DATE _____ RETURN TIME _____ LOCATION OF DEPARTURE _____

PURPOSE _____ ORGANIZATION OR CAMPUS _____

NUMBER GOING: _____ STUDENTS _____ SCHOOL EMPLOYEES _____ PARENTS/BOOSTER _____

TYPE(S) OF TRANSPORTATION REQUESTED: ___ BUS(ES) ___ SUV(S) ___ CAR(S) ___ BAND TRUCK ___ TRAILER

DRIVER(S) _____
(Athletic Department and campus that have their own drivers ONLY.)

EXPENDITURE CODE(S): 1 _____ 2 _____
3 _____ 4 _____

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____

COMPLETED FORM MUST BE RECEIVED AT THE TRANSPORTATION DEPARTMENT AT LEAST 5 DAYS PRIOR TO DEPARTURE.
IF STUDENTS ARE TO BE TRANSPORTED, A SEATING CHART MUST ACCOMPANY THIS FORM.
FOR QUESTIONS OR CONFIRMATION INFORMATION, PLEASE CALL (903) 645-5696.

TRIP REPORT

DATE _____ DRIVER _____ VEHICLE USED _____

TIME TO BE ON LOCATION _____ CREDIT CARD ISSUED _____

TIME OF DEPARTURE _____ ENDING MILEAGE _____

TIME OF ARRIVAL _____ BEGINNING MILEAGE _____

TOTAL HOURS _____ TOTAL MILES _____

Straight \$15.00 X \$0.25 or X \$1.50
(Transportation Use Only) \$ *(Transportation Use Only)* \$ \$

EXPENDITURE CODE _____ TOTAL EXPENSES _____

EXPENDITURE CODE _____ TOTAL EXPENSES _____

DRIVER'S SIGNATURE _____ DATE _____

PREPARER'S SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____