

REQUEST FOR USE OF ACTIVITY BUS

Pamlico County Schools

NUMBER OF BUSES NEEDED _____

Name of School _____

Name of Teacher _____

Name of Driver _____

When do you plan to leave? Date _____ Time _____

When do you plan to return? Date _____ Time _____

Destination _____

Purpose of Trip _____

Signature of Person Requesting Trip Date

Principal's Approval Date

Required for Overnight or Out-of-State Trips Only:

Superintendent's Approval Date

A completed copy of this form must be taken to the school bus garage by the teacher or driver at the time the bus is picked up.

Odometer Reading: Beginning of Trip	_____
Odometer Reading: End of Trip	_____
Total Trip Mileage	_____
Cost Per Mile by Activity: Competition/Athletics \$.75 Field Trip \$1.00	_____
Total Cost of Trip	_____