



Keokuk Community School District

BUS REQUEST

BUS REQUESTS DUE TO TRANSPORTATION 30 DAYS IN ADVANCE.

Today's Date _____ Building _____

Requestor _____ Phone (w/Extension) _____

Nature of Trip _____ Number Transported _____

Handicapped Accessible Yes No

Under Carriage Storage Needed Yes No

DESTINATION

City _____ State _____

Specific Building/Site Location/Address _____

DEPARTURE/RETURN

Departure Date _____ Loading Time _____ (a.m./ p.m.)
Departure Time _____ (a.m./ p.m.)
Return to Keokuk Date _____ Arrival in Keokuk _____ (a.m./ p.m.)

Specific Pick-up Location _____

Administrative Approval _____

Bus Assigned _____

Driver _____

Hourly Wage _____

Charge per Mile _____

Total Wages _____

Mileage Charges _____

Bus Charges _____

Charge to _____

Ending Mileage	
Beginning Mileage	
TOTAL Mileage	