

GALT SCHOOLS TRANSPORTATION DEPARTMENT TRIP REQUEST Bus ___ of ___

Bus Transportation Request Instructions:
 Step 1: All Bus Transportation requests for transportation must be made through the Transportation Department 2 weeks prior to field trip.
 Step 2: Email Transportation request (Ghost Copy-no signatures) at Transportation@galt.k12.ca.us for availability
 Step 3: Transportation will reply received and confirmed, and book the trip on the calendar.
 Step 4: Once availability has been confirmed provide the signed copies to transportation@galt.k12.ca.us

Destination: _____ **Address:** _____ **City:** _____
Day of Trip: _____ **Leave Date:** _____ **Return Date:** _____

The California Code of Regulations (13 CCR 1227a) requires all bus stops be designated in advance of a trip. Please note all necessary stops in the Special Instructions section below. Attach additional sheets if needed.
Buses will not make any unauthorized stops

Leave School Site Location: Rest _____ **Time Leaving Location** _____
Stop Location: Arrive _____ **Time Allowed:** _____ **Minutes** _____
Rest Stop Destination: @ _____
Rest Stop Leave _____
Destination: @ Rest Stop Location: _____ **Time Allowed:** _____ **Minutes** _____
Return Location: _____ **Time Return to Site:** _____
Special Instructions: (list additional stops, times and any special needs equipment)

Health Dept. Approval) Print Name: _____ **Sign:** _____

Itinerary : (Passengers will load bus 15 minutes prior to departure time)

School Site: _____ **Grade/Dept** _____ **Date of Request:** _____
Purpose of Trip: _____ **Estimated Cost: \$** _____
Requestor: _____ **Supervisor riding bus:** _____
Total # of Passengers: _____ **Total # of Buses:** _____ **Supervisor's cell ph. #:** _____
 Teacher Name Request _____

Approval: _____ / _____
School Principal/Athletics Director District Office

Driver explained emergency equipment/procedures and verified by: _____

BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

Bus # _____ **Start Mileage:** _____ **End Mileage:** _____ **Total Miles:** _____
Driver Start Time: _____ **Driver Finish Time:** _____ **Driver Hours:** _____
Driver's Name: _____ **# of adults:** _____ **# of students:** _____

Total Miles: _____ **X \$2.50 per mile** = \$ _____
Total Hours: _____ **X \$30.00 per hour (up to 8 hours)** = \$ _____ **Total**
Hours: _____ **X \$40.00 per hour (weekend trips up to 8 hours)** = \$ _____ **Contracted**
Company _____ **Charter Charges** = \$ _____
TOTAL TRANSPORTATION CHARGES = \$ _____