

# SCHOOL DISTRICT OF HILBERT

## TRANSPORTATION REQUEST

Name of School: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Group: \_\_\_\_\_

Destination: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Time of Departure                      Time of Return

\_\_\_\_\_  
# of Students                              # of Adults

\_\_\_\_\_  
Person(s) responsible for supervision of trip

Trip expense to be paid by:

Students

Other: Please explain: \_\_\_\_\_

%%  
**Office Use:**

Driver Assigned: \_\_\_\_\_ Bus # to use: \_\_\_\_\_

\_\_\_\_\_  
Signature of Transportation Supervisor                      Date

# of Miles: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Total Cost of Trip: \_\_\_\_\_