

## Commerce ISD Transportation Request

Campus _____	Group or Class _____
Destination _____	
Date Needed _____	Departure Time _____ Return Time _____
Number of Passengers _____	Driver(s) Needed _____ YES _____ NO _____
Sponsor's Title _____ Sponsor's Signature _____	
Account Number _____	

Approved _____ Denied _____ (explanation below) _____
Principal's Signature _____ Date _____

<b>Estimated Cost of Trip</b>	
Estimated Total Miles _____ x \$1.10 per mile = _____	Estimated Cost of Mileage
Estimated Driver Time _____ x \$17.00/hr = _____	Estimated Cost of Driver
Estimated Total Cost = _____	

Driver(s) Name(s) _____	Bus # _____
Odometer (ending) _____ minus (beginning) _____ = total miles _____	
Odometer (ending) _____ minus (beginning) _____ = total miles _____	
Driver Time (ending) _____ minus (start) _____ = total hours _____	
<b>Charges:</b>	
Total Miles _____ x \$1.10 per mile = _____	Cost of Mileage
Total Hours _____ x \$17.00/hr = _____	Cost of Driver
Total Cost _____	

\*Request must be received by the Transportation Department seven days prior to event. Drivers' hours are counted when the driver leaves the bus barn until they return. All trips are subject to driver and bus availability. Regular bus routes take first priority. No trips should be scheduled during last week of school.