

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 _____		

Estimated Cost of Trip		
Estimated Total Miles _____	x \$.95 per mile = _____	Estimated Cost of Mileage _____
Estimated Driver Time _____	x 10.00/hr. = _____	Estimated Cost of Driver _____
Estimated Total Cost = _____		Transportation Director initials _____

Driver(s) Name(s) _____	Bus # _____
Odometer (ending) _____	minus (beginning) _____ = total miles _____
Odometer (ending) _____	minus (beginning) _____ = total miles _____
Driver Time (ending) _____	minus (start) _____ = total hours _____
Charges:	
Total Miles _____	x \$.95 per mile = _____ Cost of Mileage _____
Total Hours _____	x \$10.00/hr (in/out of town) = _____ Cost of Driver _____
Total Cost _____	

*Request must be received by the Transportation Department five 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.