

Requisition #: \_\_\_\_\_



# Vehicle/Bus Request

**MORGAN COUNTY SCHOOL DISTRICT RE-3 TRANSPORTATION DEPARTMENT**  
Request will NOT be accepted unless ALL items are completed and submitted **TWO WEEKS PRIOR TO TRIP DATE**

Form # \_\_\_\_\_ of \_\_\_\_\_

Bus: \_\_\_\_\_

Small Veh: \_\_\_\_\_

Trip To: \_\_\_\_\_

Address: \_\_\_\_\_

Does Sponsor Know Directions? \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Pickup Location: \_\_\_\_\_

Beginning (Departure Time): \_\_\_\_\_

Approx Time to Leave Destination: \_\_\_\_\_

Approx Return Time (Back at school): \_\_\_\_\_

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

Sponsor in Charge: \_\_\_\_\_

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

Grade or Activity: \_\_\_\_\_

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

\_\_\_\_\_  
(Administrators Signature)

\_\_\_\_\_  
(Budget Line Number)

Enter Toll Road: \_\_\_\_\_

Leave Toll Road: \_\_\_\_\_

Reason for Trip: \_\_\_\_\_

**For Outside Billing Only. Remit to:**

Morgan County School District RE-3  
715 West Platte Avenue  
Fort Morgan, CO 80701-2942

Driver: _____		
Vehicle/Bus #: _____		
Pre Trip Completed:	<input type="checkbox"/> Yes	_____ Driver Initial
Evacuation Procedures Given:	<input type="checkbox"/> Yes	_____ Driver Initial
	Trip 1 (Take/Return)	Trip 2 (Return)
<b>ENDING Mileage:</b>		
<b>BEGINNING Mileage:</b>		
<b>Total Mileage:</b>		
Departure Time:		
Completion Time (Includes Fuel Time):		
<b>Total Time:</b>		
Post Trip With Sponsor: _____		
Sponsor/Rep Signature: _____		
Driver Signature: _____		
Date Completed: _____		
Fuel: \$ _____	Driver: \$ _____	
Tolls: \$ _____	Other: \$ _____	
Cleaning - If Vehicle Returned Dirty: Small \$30.00 Bus \$60.00		
<b>Total Cost: \$ _____</b>		

Director: \_\_\_\_\_

Date: \_\_\_\_\_