

Centralia City Schools District 135
Transportation Request

School Name: _____ Contact Name: _____ Contact Cell # _____

Class/Group: _____ Number of Students: _____ Number of Adults: _____

Destination Name and Physical Address: _____

Handicap Accessible Bus Required: yes no

XX

| <u># of Buses Needed</u> | <u>Cost</u> |
|---|---|
| _____ School Bus Maximum 72 (3 to seat) 45 (2 to seat) | \$1.07 per mile plus \$17.48 per hour (\$34.96 minimum) |

Departure Date: _____ Departure Time: _____

Program Start Time: _____ End Time: _____ Approximate Time of Return to School: _____

Pick up and Drop off Location: _____

XX

Billing Information: District Expense: _____
 Organization/Club Expense: _____

XX

EMAIL/FAX COMPLETED FORM TO: CRAIG E. CLARK, SUPERINTENDENT

Submission Procedure: Date approved by Principal and forwarded to
 Superintendent: _____

 Date Superintendent submitted to bus company: _____
 Reimbursable Non-reimbursable