White Cloud Public Schools
Bus Use Request Form

Date of Trip:	Today's Date:	
Name of Group Requesting Bus Use:		
School Requesting Bus Use: _____EL _____JH _____HS Other: _____		
WCPS Departure Time:	WCPS Return Time:	
Student Count:	Adult Count:	Total Riders:
Destination Name:		
Destination Address:		
Distance Round Trip:		
Purpose of Trip:		
Person(s) Responsible for Supervision: Cell Number:		
Additional Stops? _____ No _____Yes If Yes, Where?		
Trip Billed To:		
Will Food be Transported? _____ No _____ Yes If Yes, Number of boxes/coolers? _____		
Will Lunch be Served on the Bus? _____ No _____ Yes		
Requestor Signature:	Date:	
Administrator Signature:	Date:	

Transportation Use Only

Trip Authorized by:	
Driver(s) Assigned:	Bus(es) Assigned:
Total Miles: _____ Buses ____ x Mileage Cost $_____/mile x _____= $	
Total Hours: _____ Drivers ____ x Hourly Cost $_____/hour x _____= $	
Total Miles: _____ Buses ____ x Mileage Cost $_____/mile x _____= $	
Total Hours: _____ Drivers ____ x Hourly Cost $_____/hour x _____= $	
Meal Reimbursement? _____ No _____ Yes If Yes, $	
Total Cost: $	