

# REQUEST FOR SPECIAL BUS USE

## WHITE CLOUD PUBLIC SCHOOLS

553 East Wilcox Ave.  
White Cloud, MI, 49349

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

Name of Class or Group Requesting Bus Use: \_\_\_\_\_

School Requesting Bus Use: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Scheduled Return Time \_\_\_\_\_

Student Count: \_\_\_\_\_ Adult Count: \_\_\_\_\_ Total Rider Count: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

Address of Trip Destination: \_\_\_\_\_

Distance One Way: \_\_\_\_\_ Distance Round Trip \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Name(s) of Person(s) Responsible for Trip Supervision: \_\_\_\_\_

Requesting an Additional Stop? Yes \_\_\_ No \_\_\_ If Yes, Where: \_\_\_\_\_

Will Food Be Transported? Yes \_\_\_ No \_\_\_ If Yes, How Many Boxes/Coolers: \_\_\_\_\_

Will Lunch Be Served on The Bus? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of School Principal

## AUTHORIZATION

Trip Authorized By \_\_\_\_\_

Driver(s) Assigned \_\_\_\_\_ Bus #(s) Assigned \_\_\_\_\_

## BILLING INFORMATION

Total Miles \_\_\_\_\_ Buses \_\_\_\_\_ x Mileage Cost \$ \_\_\_\_\_ /Mile x \_\_\_\_\_ = \$ \_\_\_\_\_

Total Hours \_\_\_\_\_ Drivers \_\_\_\_\_ x Hourly Cost \$ \_\_\_\_\_ /Hour x \_\_\_\_\_ = \$ \_\_\_\_\_

Meal Reimbursement? Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

**Total Cost \$ \_\_\_\_\_**