



YUBA CITY UNIFIED SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
Request For Transportation



INSTRUCTIONS: Complete form and turn back into site office staff for Site Administrator approval and trip request submittal.

Site: _____ Group: _____ Trip Date _____
School Name Grade/Group

Reason for Trip: _____

Requester: _____

Passenger Count _____ Vehicle Type ☐ School Bus ☐ District Van
Adult Students Other Vehicle: _____

Contact Name _____ Contact Phone _____
Person Attending Trip

APPROVAL SIGNATURE

1. Site Administrator _____
2. Transportation Department: _____
3. Ed Services Department: _____

Origin: _____
Trip Starting Location

Depart Date: _____ Depart Time _____
Return Date: _____ Return Time _____

DESTINATION(S)

Destination (1)

Address: _____
Pick-up/Drop-off Area _____
Arrival: _____
Date Time
Depart: _____
Date Time

Destination (2)

Address: _____
Pick-up/ Drop-off Area _____
Arrival _____
Date Time
Depart: _____
Date Time

Destination (3)

Address: _____
Pick-up/Drop-off Area _____
Arrival: _____
Date Time
Depart: _____
Date Time

Destination (4)

Address: _____
Pick-up/Drop-off Area _____
Arrival: _____
Date Time
Depart: _____
Date Time

BUDGET CODE- Complete budget code required

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Equipment: ☐ Yes ☐ No- Please note **all** equipment must be stored underneath the bus.

Notes: