

**MEADOW ISD  
2016-2017 TRANSPORTATION REQUEST**

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**This request MUST be submitted to your supervisor at least three days in advance of departure. A separate form MUST be filled out for each trip and/or each vehicle requested. ALL information required on this request MUST be completed.**

EMPLOYEE NAME: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_ NUMBER OF STUDENTS: \_\_\_\_\_

VEHICLE REQUESTED:(Circle) BUS / VAN / EXCURSION / EXPEDITION / SUBURBAN

ACTIVITY: (Circle)

ATHLETIC ACT.      STUDENT ACT.      SCHOOL BUSINESS      MIGRANT

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APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**TRANSPORTATION REPORT**

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**This form MUST be completed fully upon your return to the District. ALL information required on this report MUST be completed and the DRIVER MUST SIGN.**

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ENDING MILEAGE: \_\_\_\_\_

BEGINNING MILEAGE: \_\_\_\_\_

TOTAL MILEAGE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

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COMMENTS: (Describe any problems or service/repair needs you experienced while driving this vehicle): \_\_\_\_\_

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