



STOCKTON UNIFIED SCHOOL DISTRICT

TRANSPORTATION AUTHORIZATION FOR CHARTERED BUS SERVICE

TO BE PAID BY STUDENT FUNDS ONLY

SUGGESTED VENDOR:

Date of Request: _____ 20__

Name: _____

Date of Trip: _____ 20__

Address: _____

School: _____

Phone: _____

Group: _____

TRIP INFORMATION:

Destination: _____

Locale

Address

Destination Emergency Phone No.

City

Supervised By: _____

Number of Students: _____ Number of Adults: _____ Total Passengers: _____

School Pick-Up Location: _____

Departure Time	Loading Time for Return	Estimated Return at School
_____ A.M. P.M.	_____ A.M. P.M.	_____ A.M. P.M.

Requested By: _____ Position: _____

CHARGES FOR THIS TRIP WILL BE PAID FOR BY STUDENT FUNDS.

Please forward the invoice to: _____
Name Site

Signed: _____ Date: _____
Administrator

Site Use Only: Charge To _____ Fund No. _____ School Organization

ORIGINAL - -Transportation Office

Copy - Site