

Fort Stockton Independent School District
Request for Permission to Travel
 Submit Typed Request A Minimum of 10 Days Prior to Departure
 Handwritten Request Will Not Be Processed

Date Submitted: _____ Request for: Student Travel _____ Staff Travel _____

Staff Members Traveling: _____

Contact Person & Campus (Fill in Budget Number(s) Below): _____

Workshop/Conference Title – Specific Site Destination – Hours. Attach workshop/conference information:

Purpose: _____ Vehicle Destination & Site: _____

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Vehicle Requested: Bus Car Van Personal Vehicle Other _____

Bus Driver Needed: Yes No If no, list driver name(s): _____

Lunch Instructions for Driver: _____

Special Instructions: _____

Provide name(s) of Sponsor/Volunteer Driver(s): _____
 (Must obtain authorization from Transportation Department 4 weeks prior to departure date)

APPROVALS

Approved Denied Supervisor: _____ Date Received: _____

Processed Operations Secretary: _____ Date Received: _____

Vehicle Assigned Transportation: _____ Date Received: _____

Approved Denied Administrative Services: _____ Date Received: _____

VEHICLE ASSIGNMENT

Bus # _____ Car # _____ Van # _____ Other _____

Personal Vehicle – No vehicle available. Mileage will be paid. Personal Vehicle – Vehicle available. Mileage will not be paid.

TRIP COST

To be completed by Transportation Department

Bus - \$1.00 per mile of \$25.00 local trip

Van - \$.50 per mile or \$7.50 local trip

Bus/Car/Van	Beginning Mileage	Ending Mileage	Total Mileage		Cost Per Mile	Total Charge
_____	_____	_____	_____	X	_____	_____
_____	_____	_____	_____	X	_____	_____
_____	_____	_____	_____	X	_____	_____
					Total Trip Charge	_____

BUDGET INFORMATION

Budget Number

Charge Amount

TOTAL COST OF TRIP

After Form Approval:

White-Transportation Secretary ▪ Blue-Transportation Supervisor ▪ Green-PO ▪ Yellow-Administrative Services ▪ Pink-Contact Person ▪ Gold-Finance