MILTON SCHOOL DISTRICT
Request for Transportation Services

Trip Ticket	

SCHOOL REQUESTING TRANSPORTATION SERVICES	STAFF MEMBER MAKING REQUEST	
☐ Milton Elementary School ☐ Nute Middle School ☐ Nute High School ☐ Other	Teacher: Grade/Team/Group: # Pupils: No. Chaperones: Date of Application:	
STAFF MEMBER MAKING REQUEST		
Academic Field Trip Co-Curr Club/Activity Trip Sports Recreation Trip		
TRAVEL AND FINANCIAL INFORMATION Date of Trip: Destination(Name): Address: Times Source of Payment		
Depart School: AM PM Appropriation Account #		
Estimated Destination Arrival: AM PM Student Activity Account		
Depart Destination: AM PM Student Contributions		
Estimated School Arrival: AM PM	Other	
APPROVALS (please initial and date)		
Teacher/Team-Group Leader/Other:	Date:	
Principal:	Date:	
Assistant Principal:	Date: Date:	
Transportation Coordinator:	Date.	
L.		
TRANSPORTATION TRIP REPORT & PAYROLL CONFIRMATION		
Driver's Name:	Employee #:	
	PM End Odometer miles	
Bus Van Destination: AM	<u> </u>	
Depart Destination: School Arrival:	_AMPM PM	
Vehicle #: # Hours: Hrs.	Total Trip Miles miles	
	•	
Comments:		
I certify the above to be a correct account of time worked		
PAYMENT WILL NOT BE MADE UNTIL ALL REQUIRED INFORMATION AND SIGNATURES ARE PROVIDED ON THIS REPORT.		
Approved by the Transportation Coordinator		
Total Cost: + =		
Driver	Bus	
Date Approved	Milton School District Transportation Coordinator	