



BUS TRIP REQUEST

LEMOORE AREA SCHOOLS TRANSPORTATION

857 W. Iona Avenue Lemoore, California 93245 (559)924-6640 Fax (559) 924-9726

NOTICE

Please submit request to your school site office ten (10) or more working days prior to requested departure date.
 Please contact transportation three (3) working days prior to scheduled departure date to confirm trip.
 Failure to cancel a trip may result in a minimum charge.
 Group is responsible for paying bridge tolls, bus parking fees and bus entry fees when the bus enters a park, etc.
 Please furnish the following required information: each stop location, departure time and estimated arrival time for each stop. Meal and rest stops must be listed below. **Driver cannot make stops unless stops are listed below.**

PLEASE PRINT OR TYPE IN INFORMATION

REQUEST MUST BE SIGNED BY AUTHORIZED ADMINISTRATOR

GROUP INFORMATION

Current Date:	How many adults?	Students?
Requestor's Name:	How many buses do you need?	
Phone Number: Ext.	Do you need a wheelchair bus?	Yes No
School:	Do you need a bus with a luggage compartment?	Yes No
Department:		
Group:		
Bill To:		

SPECIAL INSTRUCTIONS

TRIP ITINERARY

Departure Day: (SUN) (MON) (TUE) (WED) (THU) (FRI) (SAT) Departure Date: _____

Return Day: (SUN) (MON) (TUE) (WED) (THU) (FRI) (SAT) Return Date: _____

LIST EACH STOP/DESTINATION SEPARATELY BELOW	BUS ARRIVAL TIME	BUS DEPARTURE TIME
Passenger Pick-up Location:	AM PM	AM PM
1st. Stop:	AM PM	AM PM
2nd. Stop:	AM PM	AM PM
3rd. Stop:	AM PM	AM PM
4th. Stop:	AM PM	AM PM
5th. Stop:	AM PM	AM PM

Authorized Administrator Approval Signature: _____ Date: _____

FOR TRANSPORTATION USE ONLY

Date Received:	Time Received: AM PM
Trip Confirmed and Scheduled By/Date:	Trip Number: _____