

COSSA Regional Technology & Ed Center (CRTEC)

TRANSPORTATION/FIELD TRIP REQUEST FORM

GROUP/CLUB/CLASS/ORGANIZATION _____

DESTINATION/PURPOSE (Attach Google Map, Address/Directions & Phone) _____

APPROX MILES _____

DATE OF TRIP _____


DEPART FROM _____ DEPART TIME _____

ARRIVE AT _____ ARRIVAL TIME _____

NUMBER OF STUDENTS _____ NUMBER OF WHEEL CHAIR STUDENTS _____

NUMBER OF RIDING ADULTS (Staff/Volunteers) _____

RESPONSIBLE STAFF* (Include Contact Phone) _____

ARE LUNCHEES NEEDED? YES NO  HOW MANY LUNCHEES? _____

(*RESPONSIBLE STAFF - TURN COPY IN TO FOOD SERVICE DIRECTOR AFTER APPROVAL)

(*RESPONSIBLE STAFF - FORWARD TO BUS TRANSPORTATION SUPERVISOR)

CRTEC BUS AVAILABLE ON REQUESTED DATE? ? YES NO

PLAN IF BUS IS NOT AVAILABLE? _____

DRIVER ASSIGNED _____ DRIVER PHONE _____



REQUISITION REQUIRED ? YES NO (*Responsible Staff - Attach Requisition before Forwarding)

APPROVED YES NO

PTE COORDINATOR _____, OR

COSSA SPECIAL ED DIRECTOR _____, OR

COSSA CEO _____

FUND CODE _____ (Assigned by CEO after Approval)

