

Berkeley Unified School District  
**SPECIAL TRIP REQUEST AND DRIVER REPORT**

**NOTE**

1. Request must be received by Transportation **10 days prior** to scheduled date of trip.
2. Class list must be attached.
3. Directions and itinerary must be attached.
4. Deposit or budget code must be included.
5. Board approval for requested overnight trips must be attached.

DAY OF WEEK \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_\_\_ TRIP # \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 DESTINATION \_\_\_\_\_ PURPOSE \_\_\_\_\_  
 # OF STUDENTS \_\_\_\_\_ TEACHER IN CHARGE \_\_\_\_\_  
 # OF ADULTS \_\_\_\_\_ SEND BILL TO \_\_\_\_\_ *Please Print*  
 TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

TIME SCHEDULE: \_\_\_\_\_

**ACCOUNT CODE**

Fund	Resource	Location	Year	Budget Manager	Object	Goal	Function	District Defined

DEPART SCHOOL \_\_\_\_\_

If using a budget code, make sure the code is correct and complete.

TIME BACK AT SCHOOL \_\_\_\_\_

SOURCE OF FUNDS \_\_\_\_\_

Signature: Teacher in Charge \_\_\_\_\_

Signature: Program Approval or Principal \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**DRIVER TIME REPORT**

(Hours)

DEPARTURE  
Start \_\_\_\_\_

Finish \_\_\_\_\_

RETURN  
Start \_\_\_\_\_

Finish \_\_\_\_\_

Total Hours \_\_\_\_\_

Bus # \_\_\_\_\_

EMERGENCY PROCEDURES \_\_\_\_\_

Driver Signature \_\_\_\_\_

**MILEAGE REPORT**

DEPARTURE  
Finish \_\_\_\_\_

Start \_\_\_\_\_

Total Miles \_\_\_\_\_

RETURN  
Finish \_\_\_\_\_

Start \_\_\_\_\_

Total Miles \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

Passenger Count \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Check Date \_\_\_\_\_

Check # \_\_\_\_\_

Payer \_\_\_\_\_

Accounting Date Received \_\_\_\_\_

Initials \_\_\_\_\_

Bank Deposit Date \_\_\_\_\_

Invoice # \_\_\_\_\_

Inv. Date \_\_\_\_\_

Transportation Officer's Signature \_\_\_\_\_

**COPY DISTRIBUTION**

Transportation: White - Billing    Canary - Trip Confirmation    Pink - Driver Copy    /    Goldenrod - Retain at School Site