

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 _____ *Print Full Name*
 TELEPHONE _____ ADDRESS _____

TIME SCHEDULE:

DEPART SCHOOL _____

TIME BACK AT SCHOOL _____

ACCOUNT CODE

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	LOCATION	BA	DDF
□□	□□□□	□	□□□□	□□□□	□□□□	□□□	□	□□□

If using a budget code make sure the code is correct and funds are available

SOURCE OF FUNDS _____

Signature: Teacher in Charge

Signature: Program Approval or Principal

Special Instructions: _____

DO NOT WRITE BELOW THIS LINE

DRIVER TIME REPORT:

DEPARTURE
 Start _____

Finish _____

RETURN
 Start _____

Finish _____

Total Hours _____

Bus# _____

Passenger Count _____

MILEAGE REPORT:

DEPARTURE
 Finish _____

Start _____

Total Miles _____

RETURN
 Finish _____

Start _____

Total Miles _____

GRAND TOTAL _____

Driver Name (Print) _____

**1. SAFETY/EMERGENCY REVIEW,
 PERFORMED &
 2. ACCURATE PASSENGER LIST ON BOARD**

Required signatures below confirming 1 and 2 above as per CA Vehicle Code, Article 18 28160

Driver Signature: _____

Date _____

Time: _____

Chaperone Signature: _____

Date: _____

Time: _____

Accounting:

Check# _____ Date _____ Amount _____

Payee _____ Initials _____

COPY DISTRIBUTION

Transportation Dept: Email Confirmation

Driver Copy

Copy Retain at School Site