

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 _____
Print Full Name
 # OF ADULTS _____ SEND BILL TO _____
 TELEPHONE _____ ADDRESS _____

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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

<p>DRIVER TIME REPORT:</p> <p>DEPARTURE Start _____ Finish _____</p> <p>RETURN Start _____ Finish _____</p> <p>Total Hours _____</p> <p>Bus# _____</p> <p>Passenger Count _____</p>	<p>MILEAGE REPORT:</p> <p>DEPARTURE Finish _____ Start _____ Total Miles _____</p> <p>RETURN Finish _____ Start _____ Total Miles _____</p> <p>GRAND TOTAL _____</p> <p>Driver Name (Print) _____</p>	<p>1. SAFETY/EMERGENCY REVIEW, PERFORMED & ACCURATE PASSENGER LIST ON BOARD</p> <p><small>Required signatures below confirming 1 and 2 above as per CA Vehicle Code, Article 18 28160</small></p> <p>Driver Signature: _____ Date _____ Time: _____</p> <p>Chaperone Signature: _____ Date: _____ Time: _____</p> <p>Accounting: Check# _____ Date _____ Amount _____ Payee _____ Initials _____</p>
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COPY DISTRIBUTION

Transportation Dept: Email Confirmation

Driver Copy

Copy Retain at School Site