

**CULVER CITY UNIFIED SCHOOL DISTRICT
FIELD TRIP - BUS TRANSPORTATION REQUEST FORM**

21690

INSTRUCTIONS:

1. Requisitioner is requested to complete in full, Section I and forward all copies for approval per indications under Section II. Please note that field trips that are not listed in the field trip guide require approval by the Assistant Superintendent, Educational Services.
2. Upon completion of Section II, as appropriate, all copies should then be forwarded to the Director of M.O.T. for confirmation of the trip date.
3. Upon completion of procedures per #1 and #2 above, the confirmation copy (green copy) will be returned to the school.
4. Upon completion of the trip, the final cost data will be provided to the school for its records.


NOTE: ALL TRANSPORTATION REQUESTS MUST BE RECEIVED IN THE M.O.T. OFFICE AT LEAST TWO WEEKS IN ADVANCE OF REQUESTED DATE.

SECTION I - TO BE COMPLETED BY REQUISITIONER

REQUISITIONED BY: Daniella Liber (TEACHER) GRADE: 3,4,5 TODAY'S DATE: 10/31/23
 SCHOOL: Lin Howe DEPARTING FROM (school/location): FRONT OF LIN HOWE NAME OF PERSON(S) IN CHARGE: MS. LIBER (SPED)
 TRIP DATE: 11-28-23 DESTINATION (INCLUDE ADDRESS): KIRK DOUBLAS THEATER: 9020 WASHINGTON BLVD. CULVER CITY 90232
 # OF STUDENTS: 6 TOTAL # OF PASSENGERS: 14 DEPARTURE TIME: 9:30 PICK-UP TIME AT FIELD TRIP LOCATION: 1:00 PM ESTIMATED # OF MILES (ROUND TRIP): 1
 OBJECTIVE OF FIELD TRIP: DOB MAN MUSICAL - in correlation with performing arts standards

SPECIAL INSTRUCTIONS (IF ANY): SEAT BELT STRAPERS (ISAIAS LOPEZ car seat can be taken out of Van in the morning and staff will bring down the bus)

SECTION II - APPROVAL

APPROVED BY:  (SITE ADMINISTRATOR)
 BUDGET NUMBER(S) TO BE CHARGED: 01-0-91400.0-11100-1000-8816-202000
 ASSISTANT SUPERINTENDENT'S SIGNATURE (REQUIRED IF LOCATION IS NOT LISTED IN FIELD TRIP GUIDE)

SECTION III - TO BE COMPLETED BY THE OFFICE OF M.O.T.

ASSIGNED TO: _____ BUS #: _____
 ENDING ODOMETER READING: _____
 STARTING ODOMETER READING: _____
 TOTAL MILES TRAVELED: _____

SECTION IV - TO BE COMPLETED BY THE OFFICE OF M.O.T.

ESTIMATED MILES: _____ X \$ _____ = \$ _____ (EST. COST)
 ACTUAL MILES: _____ X \$ _____ = \$ _____ (ACTUAL COST)
 ACCOUNT(S) TO BE CHARGED: _____ ACCOUNT AMOUNT CHARGED
 \$ _____
 \$ _____
 \$ _____
 \$ _____