

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

21701

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: 5th TODAY'S DATE: 5/17/24
 SCHOOL: Linwood Howe DEPARTING FROM (school/location): Front of Lin Howe NAME OF PERSON(S) IN CHARGE: Daniella Liber
 TRIP DATE: 6/7/24 DESTINATION (INCLUDE ADDRESS): Carlson Park-4233 Motor Ave. Culver City, 90232/Sony 10202 Washington Blvd CC
 # OF STUDENTS: 3 TOTAL # OF PASSENGERS: 10 DEPARTURE TIME: 9:45am PICK-UP TIME AT FIELD TRIP LOCATION: 11:45 ESTIMATED # OF MILES (ROUND TRIP): 2mi
 OBJECTIVE OF FIELD TRIP: 5th Grade field trip to Carleson Park 2:45 & Sony Studios Tour

SPECIAL INSTRUCTIONS (IF ANY): For Isaias Lopez, Fatma Chabbou and Morielle Morero (SPED) with Aides and teacher.

Pick up at Lin Howe 9:45am/take to Carleson Park/ Pick up at Carlson Park at 11:45 and take to Sony/ Pick up at Sony at 2:45 and take to Lin Howe

SECTION II - APPROVAL

APPROVED BY: _____ (SITE ADMINISTRATOR)
 BUDGET NUMBER(S) TO BE CHARGED: 01.0-91400.0-11100-10000-5816-2020000
 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
 _____ \$
 _____ \$
 _____ \$
 _____ \$