

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

21709

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: Casey Chabola (TEACHER) GRADE: 4th TODAY'S DATE: 1/13/25
 SCHOOL: Linwood Howe DEPARTING FROM (school/location): Front of School NAME OF PERSON(S) IN CHARGE: Diane Randall/Teacher
 TRIP DATE: 3/13/25 DESTINATION (INCLUDE ADDRESS): Mission San Gabriel-429 S. Junipero Serra Dr. San Gabriel CA 91776
 #OF STUDENTS: 91 TOTAL # OF PASSENGERS: 100 DEPARTURE TIME: 8:30am PICK-UP TIME AT FIELD TRIP LOCATION: 1:00pm ESTIMATED # OF MILES (ROUND TRIP): 42
 OBJECTIVE OF FIELD TRIP: 4th Grade California History Standards

SPECIAL INSTRUCTIONS (IF ANY): Please Pick up at 1:00 pm at the park right next to the mission- 516 Mission Rd. San Gabriel 91776

SECTION II - APPROVAL

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