

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

**21714**

**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: Diane Randall (TEACHER) GRADE: 4<sup>th</sup> TODAY'S DATE: 3-12-25  
 SCHOOL: Linwood Howe DEPARTING FROM (school/location): Front of School NAME OF PERSON(S) IN CHARGE: 4<sup>th</sup> Grade Teachers  
 TRIP DATE: 5-14-25 DESTINATION (INCLUDE ADDRESS): \* MISSION SAN GABRIEL - 429 S. JUNIPERO SCERRA DR. SAN GABRIEL 91776  
 #OF STUDENTS: 91 TOTAL # OF PASSENGERS: 100 DEPARTURE TIME: 8:30 AM PICK-UP TIME AT FIELD TRIP LOCATION: 1:00 PM ESTIMATED # OF MILES (ROUND TRIP): 42

OBJECTIVE OF FIELD TRIP: \_\_\_\_\_

SPECIAL INSTRUCTIONS (IF ANY): \* Please pick up at 1:00 pm at the park right next to the MISSION. 516 MISSION Road. San Gabriel 91776

**SECTION II - APPROVAL**

APPROVED BY: [Signature] (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  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_