

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

20927

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: Roxana Barba (TEACHER) GRADE: 2 TODAY'S DATE: 2.12.26
 SCHOOL: Lind House DEPARTING FROM (school/location): front of school NAME OF PERSON(S) IN CHARGE: 2nd Grade Teachers
 TRIP DATE: 3.16.26 DESTINATION (INCLUDE ADDRESS): LA Science Center - 780 Exposition Park Dr. LA CA 90037
 # OF STUDENTS: 87 TOTAL # OF PASSENGERS: 100 DEPARTURE TIME: 9 AM PICK-UP TIME AT FIELD TRIP LOCATION: 1:30 PM ESTIMATED # OF MILES (ROUND TRIP): 15
 OBJECTIVE OF FIELD TRIP: To align 2nd Grade Science standards with the CAScience Center. Explain the scientific method through hands on experiments & observation.

SPECIAL INSTRUCTIONS (IF ANY): _____

SECTION II - APPROVAL

APPROVED BY: [Signature] (SITE ADMINISTRATOR)

PAGE NUMBER IN FIELD TRIP GUIDE: _____

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
 \$ _____
 \$ _____
 \$ _____
 \$ _____