

# Pittsford Schools

## Request for Use of Commercial Carrier

School: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ AM/PM Departure Location: \_\_\_\_\_

Return Date (if not same day): \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_ AM/PM

Club/Group: \_\_\_\_\_

Purpose for this request: \_\_\_\_\_

\_\_\_\_\_

Name of person making request (*please print*) \_\_\_\_\_ Date \_\_\_\_\_

School: \_\_\_\_\_

Cost of Trip: \_\_\_\_\_ Group Responsible: \_\_\_\_\_

Budget Code Charged to: \_\_\_\_\_

Requested Carrier: \_\_\_\_\_

Number of students attending: \_\_\_\_\_ Number of buses needed: \_\_\_\_\_

Chaperones:

_____	_____	_____	_____
<i>Name</i>	<i>Cell</i>	<i>Name</i>	<i>Cell</i>
_____	_____	_____	_____
<i>Name</i>	<i>Cell</i>	<i>Name</i>	<i>Cell</i>

\_\_\_\_\_  
*Principal/Athletic Director Signature* \_\_\_\_\_  
*Date*

**Transportation Department Use Only**

**Approved:** \_\_\_\_\_  
*Director of Transportation*

**Date:** \_\_\_\_\_

**If parents are going, please list names below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assistant Superintendent for Business Approval:** \_\_\_\_\_

**Date** \_\_\_\_\_