## **Request for Special Bus Use**



East Carter County R-II School District 24 South Herren Ave Ellsinore, MO United States

Date Request Mad	de:				63937 Phone: 573-322-5625 Fax: 573-322-8586 www.ecarter.k12.mo.us	
erson Making Re						
Name of Class/Gro						
varie of Classy Gre	oup doing					
Date of Trip	Destination of Trip	Purpose of Trip	Overnight Yes/No	Distance Round Trip	Number Going on Trip	
		7				
Time of Departure			Authorization			
Person(s) Responsible for Supervision of the trip			Transportation	Director		
			Driver Assigned			
			Bus # Assigned			
				Bus Driver's Report on Trip  Bus#		
			Beginning Speedometer Reading			
			Ending Speed	lometer Readin	g	
uilding			Tota	al Miles		
Administrator			Time Arrived back at School			
			Signature of B	us Driver		
			c	Office Use Only	y -For Payment	
			Flat Rate Amo	unt		
			Extra hours on	trip		
			Total Amount	for payment		

Superintendent Signature