

**PIKE VALLEY U.S.D. #426  
TRANSPORTATION ASSIGNMENT**

This form must be completed when any district vehicle is driven, even if no students are riding. If there are no students riding, place a zero on the "number of students" line.

DATE OF EVENT \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ SPONSOR \_\_\_\_\_

DESTINATION \_\_\_\_\_ NUMBER OF STUDENTS \_\_\_\_\_

TYPE OF TRANSPORTATION REQUESTED: Bus \_\_\_\_\_ Sub \_\_\_\_\_ Van \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. from Scandia - approx. return \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. from Courtland-approx. return \_\_\_\_\_

BUS NO. \_\_\_\_\_ BUS DRIVER \_\_\_\_\_

SCHEDULED BY \_\_\_\_\_

APPROVED BY Chris Vignery DATE \_\_\_\_\_

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(to be completed by driver)

DEPARTURE TIME \_\_\_\_\_ RETURN ODOMETER READING \_\_\_\_\_

TIME OF RETURN \_\_\_\_\_ BEGINNING ODOMETER READING \_\_\_\_\_

TOTAL HOURS INVOLVED \_\_\_\_\_ TOTAL MILEAGE FOR TRIP \_\_\_\_\_

EXPENSES: (Please attach itemized receipts)

MEALS \_\_\_\_\_  
TOLLS \_\_\_\_\_  
OTHER \_\_\_\_\_  
TOTAL \_\_\_\_\_

CREDIT CARDS ISSUED \_\_\_\_\_ RETURNED \_\_\_\_\_

I hereby certify that the above claim is true and correct and is due and unpaid.  
Approved for payment:

\_\_\_\_\_  
Superintendent Date \_\_\_\_\_ DRIVER \_\_\_\_\_  
Signature \_\_\_\_\_

TURN INTO OFFICE UPON RETURN