

**School District of Okaloosa County
Transportation Department
Requisition for Extracurricular or Educational Field Trips
(Must be presented ten working days in advance)**

SECTION ONE (Completed by School)

School Name _____ Trip No. _____ (Required)

Date/Time of Departure _____ A.M. _____ P.M.

Date/Time of Return _____ A.M. _____ P.M.

Loading Area _____

Transported to _____ No. Transported _____

Estimated Duty Hours _____ No. of Buses Requested _____

Will Field Trip affect lunch count? Yes No
(If Yes, school must forward a copy of the Field Trip request to Food Service.)

Teacher(s) in Charge _____

Type of Trip (1) Educational (3) Band (5) Other (Specify)
 *(2) Athletic (4) Chorus *Specify Other _____
 *Specify Type of Sport _____

Check One TDE _____ Expenses _____

Funding Source Discretionary _____ (Budgeted funds - no project)
 (Choose One) Project _____ Specify No. & Name _____
 Internal Funds _____ (Transportation will send bill directly to school for payment.)

Signature of Principal Date

SECTION TWO (Completed by School if Furnishing Driver)

Name of Driver(s)

1 _____ 3 _____

2 _____ 4 _____

SECTION THREE (Completed by Transportation Department)

Name of Driver(s)	Bus No.	Name of Driver(s)	Bus No.
1 _____	6 _____		
2 _____	7 _____		
3 _____	8 _____		
4 _____	9 _____		
5 _____	10 _____		

Signature of Transportation Director/Administrator Date