

**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 _____
 Estimated Duty Hours _____ No. of Buses Requested _____ No. Transported _____
 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 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