



Bus Requisition
2019 - 2020



Purchase Order Number
Or Check Number _____

Sequence No. _____

Instructions:

1. Complete all information and submit all copies of at least two weeks prior to trip date.
2. Submit a copy to the transportation department.
3. If Purchase Order Number or Check is omitted, BUS REQUISITION WILL BE RETURNED.
* Requisition Numbers will be accepted.

CAMPUS: _____ ORGANIZATION: _____

FACULTY ADVISOR: _____ DATE: _____

DESTINATION OF TRIP: _____

PURPOSE OF TRIP: _____

BUS TO LEAVE TRANSPORTATION:

BUS TO PICK UP STUDENTS AT: (PLACE) _____ (Time A.M./P.M.) _____

LEAVING WESLACO Date: _____ Time: _____

ARRIVING DESTINATION Date: _____ Time: _____

LEAVING DESTINATION Date: _____ Time: _____

ARRIVING WESLACO Date: _____ Time: _____

No. OF REGULAR BUSES NEEDED: _____

No. OF SPECIAL EDUCATION BUSES THAT WILL BE NEEDED: _____

SPONSORS OR CHAPERONS MAKING TRIP:

1.) _____ 2.) _____

3.) _____ 4.) _____

WILL A BUS DRIVER BE REQUIRED? _____

Teacher/Faculty Advisor Signature

Date

APPROVED BY PRINCIPAL: _____

APPROVED BY TRANSPORTATION DIRECTOR: _____

(if athletic trip)