

Top section must be completed by
the School/Requester

CHARTER PERMIT

PERMIT # _____

School _____
Trip Supervisor _____
Contact _____

Phone _____
Phone _____

Journal Entry Acct# _____ Or invoice to: _____

<input type="checkbox"/> Driver BOOKED ON (driver remains with the group at the destination)	<input type="checkbox"/> Driver BOOKED OFF (leaves group at destination and returns at a later time for return trip)
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Departure Date _____	Pickup Location _____	Driver Report Time _____
Departure Time _____	Destination _____	# Supervisors <input type="text"/> # Passengers <input type="text"/>
RETURN TRIP Date _____	Pickup Location _____	Departure Time _____

NOTE* If the trip is overnight or has multiple destinations, an itinerary must be attached to the permit

Cargo or Instruments _____
Description and amount _____

Driver _____ Phone _____

TRIP APPROVAL _____ Date _____
(Principal signature required)

TO BE COMPLETED BY DRIVER		UNIT # <input type="text"/>	Driver Volunteer	YES <input type="checkbox"/>		
COMPLETE IF BOOKED "ON" – Driver is required to stay with group at the destination						
Start of Trip	Pick Up Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
	Destination	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
End of Trip	Drop Off Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
COMPLETE IF BOOKED "OFF" – Driver is not required to stay with group and will return to pick up the group at a later time						
Start Trip #1	Pick Up Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
	Drop Off Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
End Trip #1	Return Yard/School	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
Start Trip #2	Depart Yard/School	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
	Pick Up Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
End Trip #2	Drop Off Location	<input type="text"/>	Time	<input type="text"/>	Odometer	<input type="text"/>
Bus has been cleaned & fueled at end of trip		<input type="checkbox"/> Y <input type="checkbox"/> N	Driver Signature	_____		

FOR OFFICE USE ONLY		Total Hours & Minutes <input type="text"/>	Total Kms <input type="text"/>
Regular Hours _____ @ \$20.95 = _____	KMS @ \$1.41 = _____		
OT Hours _____ @ \$30.91 = _____	Driver Expense _____		
Transportation _____	Salary \$ _____	Total Salary _____	
_____	Finance _____	Total Cost _____	