Form 552.1 Request for Division Vehicle Use

Please complete and send approved form to Transportation Supervisor. Copy of valid license is mandabefore confirmation of vehicle. Date of Request: Bus Booking No				
School: <u>HRHS, St. Thomas,</u>		Joseph, St. M (Please circle	-	eresa, Division Office
Request: Van 123, Van 124	White Truck, Cover	red Trailer, Fla	tbed Trailer	(Please circle one)
Name of Driver: (Please attach copy of driver's license)				
Destination:		Add	ress:	
Departure:(Date)	am/pm (Time)	Return:	(Date)	(Time)
Approx. KM		Appr	oved:	
(out of town only)			(Chief Fi	nancial Officer or Administration)
CHARGE TO:				
Decentralized Funds (S	special Events)	GL Acct. #		
SG Funds (Curriculum	Field Trip)	GL Acct. #_		
SG Funds (Other, incl.	sports etc.)	GL Acct. #_		
		Approved Sign	naturo:	
		Approved Sigi		nistration)
BOOKING CONFIRMATION:	(Division Office	to fill out all o	of below Portion	on's)
	•			By: Email/Fax
		Sent to.		by. EllidilyFdX
	•		•	be made at the Division office. ed back into the Division office,
No student shall be authori	zed to operate the v	/an. Signa	ture:	rtation Supervisor)
			(Transpo	rtation supervisor)
EE'S CHARGED TO SCHOOL	<u>:</u>			
n-town (\$25/trip)				
Out of Town (\$.60/km)	# of Trips			al Cost
Total KM's	Total Cost		Tota	al Cost