



GULFPORT SCHOOL DISTRICT TRANSPORTATION REQUISITION FOR TRAVEL



DATE: _____

1. Name of School: _____
 2. Name of Class, Club or Organization: _____
 3. *Destination: _____
 4. Purpose of Trip: _____
 5. **Date trip is to be taken: _____
 6. Departure Time: _____ Date: _____ Return Time: _____ Date: _____
 7. Type of Transportation Needed: ***Personal Vehicles _____
 First Student: _____ GSD Bus: _____
 8. Driver Needed: _____ Yes _____ No. If no, who will drive? _____
 9. Number of Students: _____ Number of Vehicles: _____
 10. Sack Lunches Needed: _____ Yes _____ No Number Needed: _____ (copy to school cafeteria)
 11. List Adult Chaperones (one per 30 students) _____
-
12. Location of pick-up on campus: _____
13. How is trip to be financed? (*circle one*) Activity Instructional Other
14. List account and account number charged and person responsible for account: _____

_____ Signature	_____ Date	_____ District Approval	_____ Date
--------------------	---------------	----------------------------	---------------

_____ Estimated Charge	_____ Purchase Order Number
---------------------------	--------------------------------

14. Approval to Travel:
- | | |
|-----------------------------------|---------------|
| _____
Principal / Director | _____
Date |
| _____
Chief Operations Officer | _____
Date |
| _____
Superintendent | _____
Date |

*All out-of-state travel requests must be approved, in advance, by the Board of Trustees. The Board meets the first and third Monday of each month. Requests not received one WEEK prior to the Board meeting will NOT be placed on the agenda.

**Request for travel, not requiring Board of Trustees approval, must be approved by the Building Principal and the Chief Operations Officer. Request for travel must be in the office of the Chief Operations Officer no later than the Thursday prior to the week of the trip.

***Attach supplemental Private Vehicle Form if using personal vehicles.