

Trip No. _____

PARK ADAM TRANSPORTATION, INC. FIELD TRIP REQUEST FORM

Please e-mail or fax request to Park Adam Transportation, Inc. at least 10 working days before the trip is to take place to assure proper scheduling.

Phone no. 952-591-1538

Fax 952-512-0820

E-mail: Charters@slptrans.net

ORIGINATOR FILL IN THIS SECTION (Please complete all lines)

School _____ Activity _____ Date of Trip _____

Pick up location _____ No. in group _____ Departure Time _____ **a.m.**
p.m.

Trip to _____ Time Due at Dest. _____ **a.m.**
p.m.

Address (Street, City) _____ Time Lv. Dest. _____ **a.m.**
p.m.

Requested by _____ Time of Ret. _____ **a.m.**
p.m.

E-mail: _____ Phone No. _____

Person(s) Supervising Trip _____ Date _____

Special Instructions _____

BILLING INFORMATION:

TYPE OF VEHICLE REQUESTED (indicate no. of vehicles needed)

Billing address:

_____ **School Bus (77 Pass.)** _____ **W/C Bus**

_____ **Trailer**

Signature of Responsible Authority _____ Date _____

Name of Driver _____ Bus No. _____

DRIVER FILL IN THIS SECTION (Driver-Do you have necessary keys to access bus for a weekend/evening trip?)

TRIP TIMES

Arrive Garage _____ **a.m.**
p.m.

Lv. Point of Origin _____ **a.m.**
p.m.

Arr. Destination _____ **a.m.**
p.m.

Lv. Destination _____ **a.m.**
p.m.

Arr. Point of Origin _____ **a.m.**
p.m.

Lv. Garage (check out time) _____ **a.m.**
p.m.

Total Hours _____

Signature _____

ODOMETER READINGS

End _____

Start _____

Total _____

Office Use

_____ School Related Charter

_____ Non-School Related Charter
(Attach Documentation)