

NORTHEASTERN CLINTON CENTRAL SCHOOL  
INTERNAL TRANSPORTATION REQUEST

This request must be submitted to the District Office each time special transportation is requested, **at least (15) working days before trip date**. The Transportation Department will not schedule transportation without the approvals indicated.

Date of Request: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Building/Dept.: \_\_\_\_\_  
Person(s) requesting special transportation: \_\_\_\_\_  
Group Transportation is for: \_\_\_\_\_  
Trip to: \_\_\_\_\_  
Reason for trip: \_\_\_\_\_  
Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Pickup Point(s): \_\_\_\_\_  
Return Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Return Point: \_\_\_\_\_  
Estimated number of passengers: \_\_\_\_\_ (Students \_\_\_\_\_/Adults \_\_\_\_\_)

**Type of Vehicle Requested:**

\_\_\_\_\_ 6 passenger Van                      \_\_\_\_\_ 65 Passenger Bus  
\_\_\_\_\_ Wheelchair Lift Bus

AUTHORIZATIONS: \_\_\_\_\_ Building Principal  
\_\_\_\_\_ Superintendent

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**TRANSPORTATION DEPARTMENT USE ONLY:**

Drivers Name: \_\_\_\_\_ Bus #: \_\_\_\_\_ Date: \_\_\_\_\_  
Event Type: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Beginning Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_ Total Mileage \_\_\_\_\_  
Layover Start Time: \_\_\_\_\_ Layover End Time: \_\_\_\_\_  
Number of Passengers: \_\_\_\_\_ Signed: \_\_\_\_\_