

## TRANSPORTATION COST ESTIMATE REQUEST

Use this downloadable form for single or multiple transportation cost estimates. Fax or email to: FAX -5264 Email: StevMJ@fusd.net  
 Transportation requests will not be honored until encumbered through the requisition system a minimum of two weeks prior to departure date.

FAX INFO TO: \_\_\_\_\_

Line #	Date	Group	Number of Riders	Departure Address	Departure Time	Destination (Name Only)	Return Time	Transportation Use Only					
								Miles	Hours	District Bus 57XX	Contract Carrier 5803	Estimated Cost	Driver
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
								0			\$	\$	

TRANS CONTROL #

Driver Signature: _____		Bus # _____		Driver Signature: _____		Bus # _____	
<b>YARD TO DESTINATION</b>				<b>DESTINATION TO YARD</b>			
<b>MILEAGE</b>		<b>DRIVE TIME</b>		<b>MILEAGE</b>		<b>DRIVE TIME</b>	
Beg _____		Beg _____		Beg _____		Beg _____	
End _____		End _____		End _____		End _____	
Total _____		Total _____		Total _____		Total _____	

COMMENTS: \_\_\_\_\_

EMERGENCY EVACUATION: (DETAIL): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Teacher Certification: Time Returned to School: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

**RECONCILIATION OF CHARGES:**

DISTRICT TRANSPORTATION CHARGES		CONTRACT CARRIER CHARGES	
Hours Regular _____	\$ _____	Contract Carrier _____	_____
Hours Overtime _____	\$ _____	PO # _____	_____
Miles _____	\$ _____	Invoice # _____	_____
TOTAL: _____	\$ _____	TOTAL INVOICE: _____	_____