

PORTSMOUTH PUBLIC SCHOOLS  
PORTSMOUTH, VIRGINIA  
TRANSPORTATION REQUEST & APPROVAL FORM

Trip  
No. \_\_\_\_\_

Date of Request: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Activity Type:** After-School Program \_\_\_\_\_ Field Trip \_\_\_\_\_ ROTC \_\_\_\_\_ Band \_\_\_\_\_

Other \_\_\_\_\_; specify \_\_\_\_\_

Grade or Group: \_\_\_\_\_ School: \_\_\_\_\_

Number of Participants/Students \_\_\_\_\_ Number of Chaperones and Teachers \_\_\_\_\_

If Field Trip, state purpose and relativity: \_\_\_\_\_

Destination: \_\_\_\_\_

List additional stops if applicable, (i.e. meals): \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

**Transportation Type:** School Bus \_\_\_\_\_ Van \_\_\_\_\_ Auto \_\_\_\_\_ Commercial \_\_\_\_\_

Other \_\_\_\_\_; specify \_\_\_\_\_

No. of Regular Buses \_\_\_\_\_ No. of Lift Buses \_\_\_\_\_ No. of Seatbelts Required \_\_\_\_\_

Equipment: ROTC \_\_\_\_\_ Band \_\_\_\_\_ Other \_\_\_\_\_ specify \_\_\_\_\_

**IMPORTANT – This section MUST be completed before activity can be approved or scheduled.**

**Transportation to be Paid By:** School \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

School Activity Fund Account # \_\_\_\_\_ School Local Budget Account # \_\_\_\_\_

Grant Title: \_\_\_\_\_ Grant Account # \_\_\_\_\_

Outside Organization Name & Address: \_\_\_\_\_

Contact Person & Telephone No. \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS:**

Principal/Unit Director \_\_\_\_\_ Date: \_\_\_\_\_

Grant Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

Director \_\_\_\_\_ Date: \_\_\_\_\_