2017-2018 REQUEST FOR TRANSPORTATION

DELANO PUBLIC SCHOOLS

Email to info@stahlkebus.com or fax (763-972-3757) to secure transportation. Submit the original to Mary Reeder in the District Office.

Date of Trip:_____ Departure time: _____ am/pm Return time: _____am/pm

Destination: _____ City: _____

Group taking trip: _____ # of Riders _____

Need Trailer ___ yes ___ no

Contact person: _____email:_____ ext:_____

Purpose of trip: _____

Bus loading site: _____ Time: _____

Chaperones: _____

Meal Stop at: _____ City: _____

FOR BUDGET PURPOSES:

***(Estimated Trip Cost*:)**

_____ Hours @ $20.75/hour $_____*

_____ Miles @ $1.65/mile – Bus _____*

_____ Miles @ $1.65/mile – Mini Bus _____*

_____ Miles @ $1.25/mile – Van _____*

Use of trailer @ $55.00/trip _____

Admissions or Fees _____

_____ Meals ___ bag ____ purchased _____

Gross Cost

Less _____ fees @ $_____ $_____

NET DISTRICT COST $_____

*(note: Minimum cost = $55.00)

**(failure to notify Stahlke of cancellation will incur a minimum set up fee of $75)

Budget Code: ____ - ____ - ____ - ____ - ____ - ____

or

Activity Account: _____

Requestor: _____ Date: _____

Approved by: _____ Date: _____