

**SCHOOL DISTRICT OF PHILADELPHIA
DEPARTMENT OF TRANSPORTATION SERVICES**

SY18-19 COACH BUS TRIP NOTIFICATION FORM

Please note this form is to request transportation for overnight trips and trips out of the local area only. Requests for after school field trips should be made via Transportation Dispatch

Please return the fully approved form to medozie@philasd.org

School / Department Name	School / Department Contact	
Date of Request	E-mail Address	Phone Number:

Transpass Request Information

Reason for Request	
Period of service (Dates bus will be used)	
Number of Students	
Company Name	
Total Estimated Cost	
Trip Date	

Please note - The school is responsible for all costs related to this trip. Please forward a copy of the final payment voucher to my attention at medozie@philasd.org for our files

Employee Signature and Date	School/Office Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Name / Title _____	Name / Title _____
Signature & Date _____	Signature & Date _____
Phone #/Email _____	Phone #/Email _____

DO NOT WRITE - TRANSPORTATION ONLY	Approved / Denied by
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Name / Title _____
	Signature & Date _____

