Humboldt County Office of Education   **TR-1**

TRANSPORTATION TRIP TICKET

TO BE COMPLETED BY ORIGINATOR:

Date Bus Needed: _____ Number of People: _____

Type of Bus: Regular _____ Wheelchair: _____

Pickup Point: _____ Departure Time: _____

Destination: _____

Return Pickup Point: _____ Departure Time: _____

Returning to: _____ Arrival Time: _____

Date Submitted: _____

Requested by: _____ (Originator)

Approved by: _____ (Program Administrator)

ACCOUNTING INFORMATION: *FOR SCHOOL DISTRICT SERVICES*

Charge Account: -   -   -   -   -   -

Credit Account: 01 - 7240 - 5001 - 3600 - 5730 - 900 - 2000

FOR HCOE PROGRAM SERVICES:

Charge Account: -   -   -   -   -   -

Credit Account: 01 - 7240 - 0 - 5001 - 3600 - 5715 - 900 - 2000

TRANSPORTATION USE ONLY

Bus Assigned: _____ Driver Assigned: _____

Mileage at start: _____ Ending Mileage: _____

Report Time: _____ Ending Time: _____

Cost: _____   Hours x _____ = _____

_____   Miles x _____ = _____

Total cost this trip: = _____

Prepared by: _____

Invoice #: _____   Field Trip #:

Date: _____