

**BUS REQUEST**  
**East Side Union High School District**  
 830 North Capitol Ave.  
 San Jose, California 95133  
 Telephone (408) 347-5292 Fax (408) 347-5295

Date of Application: \_\_\_\_\_

School:		Dept/District:		Requested by:	
Date(s) of Use:	# Pass:	# Buses:	Time Leaving School:	Pick up at	Return Time at
Special Instructions:					FAX #:
Destination:					
Purpose of Trip:					Quote: \$ _____ Per bus
<b>Method of Payment:</b> (check box)	<input type="checkbox"/> ESUHSD Account #:			<input type="checkbox"/> School Bank #:	
	<input type="checkbox"/> PO # and Bill to Address required:			<input type="checkbox"/> Other:	

Approved: \_\_\_\_\_ (Principal)       Approved: \_\_\_\_\_ (Administrator authorized to expend funds)

Approved: \_\_\_\_\_ (Transportation)

ESUHSD Bus not available. Contact Purchasing at (408) 347-5071 for approved vendor list.

\*Superintendent Approval: \_\_\_\_\_

\*Board Approval: \_\_\_\_\_

\* Required for overnight, out-of-state, and trips over sixty (60) miles.

<b>** For Transportation Department only **</b>			
Vehicle(s): _____		No. of Passengers: _____	
Total Miles: _____		Total Hours: { Regular: _____ Overtime: _____	
Cost @: _____ /Mile \$			
Other: _____		\$ _____ /Hr. OT: \$	

**District use only:**

Total Cost \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Invoice #: \_\_\_\_\_