

LISBON EXEMPTED VILLAGE SCHOOL DISTRICT

317 North Market Street, Lisbon, OH 44432 (330) 424-7714

SCHOOL BUS TRAVEL PERMIT

May Stop to Eat

REQUESTED BY: _____ (Name) _____ Title _____ (Building)

ACTIVITY: _____ REQUISITION or P.O. # _____

ACTIVITY DATE: _____ (Day) _____ (Date) PAID BY: _____

DEPART FROM: _____ DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

NUMBER OF STUDENTS: _____ BUS NUMBER: _____

BUSES NEEDED: _____ DRIVER: _____

Advisor/Requester Signature _____ Date _____ Principal _____ Date _____

Copies: Requester
 Bus Driver
 Superintendent

Superintendent _____ Date _____

Transportation Supervisor _____ Date _____

Vickie Browning-Prowitt, Treasurer - Lisbon Board of Education

Please pay: _____ Driver _____ Bus # _____

TOTAL HOURS: _____

Start Time (Pre Trip): _____

Time Bus Left Garage: _____

Time Bus Returned: _____

End Time (Post Trip): _____

TOTAL MILEAGE: _____

Beginning Mileage: _____

Ending Mileage: _____

DRIVER'S SIGNATURE: _____ Date: _____

PAYMENT APPROVED: _____ Date: _____
TRANSPORTATION COORDINATOR

COACH/TEACHER/SUPERVISOR/ADVISOR/ETC. SIGNATURE

Time Returned: _____