



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: _____ POSITION _____ BUILDING: _____

ACTIVITY: _____ PAID BY: _____

DAY: _____ DATE: _____

DEPART FROM: _____ DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

NUMBER OF STUDENTS: _____ NUMBER OF BUSES: _____

Advisor's/Requester's Signature _____ Date _____ Principal's Signature _____ Date _____

Transportation Supervisor's Signature _____ Date _____ Superintendent's Signature _____ Date _____

REQUESTER

BUS DRIVER

SUPERINTENDENT

JENNIFER COLDSNOW, TREASURER - LISBON BOARD OF EDUCATION

PLEASE PAY _____ BUS NO. _____

TOTAL HOURS _____ TOTAL MILEAGE: _____

Start Time (Pre Trip) _____ Ending Mileage: _____

Time Bus Left Garage _____

Time Bus Returned _____ Beginning Mileage _____

End Time (Post Trip) _____

DRIVER'S SIGNATURE _____ DATE: _____

PAYMENT APPROVED _____ DATE: _____

Transportation Supervisor's Signature

Time Returned: _____

Coach's or Teacher's Signature