

Alamogordo Public Schools TRANSPORTATION REQUEST FORM

PO # _____
(Must be provided by school/dept.)

Request must be complete and have proper authorization and attachments.

NOTE: When students are passengers the following must be attached

1. A student roster to include students' names, parents' names, and phone numbers.
2. Route of Travel Form when travel is outside a 50-mile radius &/or any time an APS Activity Bus is used.

TRIP INFORMATION: NOTE: COMPLETE ONE REQUEST PER BUS NEEDED

Employee Name _____	School/Location _____
Grade/Activity _____	Destination _____
Purpose of trip _____	
Date of Trip _____	Time of Departure _____
Date of Return _____	Time of Return _____
Account Number _____ <small>(Must be provided by school/dept.)</small>	Estimated Cost of Trip: _____ <small>(Must be provided by school/dept.)</small>

METHOD OF TRAVEL - Vehicle ALL OCCUPANTS MUST USE SEATBELTS

<input type="checkbox"/> APS Suburban	Suburban = 9 (driver & 8 passengers)	Comfortably: Driver & 7
<input type="checkbox"/> Other (i.e. Rental Vehicle, POV)	Owner of vehicle: _____	
Description of vehicle: _____		Capacity: _____

For any of the above, the following driver information is required when transporting students:

Driver's name: John Seidel NM Driver's License # _____
(Must be an APS employee.) (please print)

Driver's Signature Date _____ Driver's signature authorizes review of motor vehicle record and affirms they have not had a moving violation or DWI citation within past 12 months

METHOD OF TRAVEL - Bus SEATBELTS MUST BE USED WHEN AVAILABLE

<input type="checkbox"/> Alamo Bus Company	Secondary = 48 (two per seat) Elementary = 71 (three per seat)
<input type="checkbox"/> APS Activity Bus	4 buses = 46 (all maximum two per seat)
<input type="checkbox"/> APS Activity Mini-Bus	Secondary = 14 Elementary = 19
<input type="checkbox"/> Special Needs Bus	Max 39 Elem or 26 Sec dependent on number of wheel chairs transported
<input type="checkbox"/> Commercial Coach	MUST BE REVIEWED BY SUPPORT SERVICES DIRECTOR PRIOR TO MAKING COMMITMENT OR CONTRACT WITH OUTSIDE AGENCY.

NUMBER OF PASSENGERS

Students = _____ # Adults = _____
Special Needs Requirements if applicable: _____ # of wheelchairs _____ # of car seats _____

APPROVAL:

I certify that this trip is sponsored by the Alamogordo Public Schools and will be paid from public school or school activity funds.

Principal/Supervisor Superintendent/Designee Central Receiving Secretary

CENTRAL RECEIVING USE ONLY:

Vehicle # _____

Driver's Signature

AFTER TRAVEL COST: \$ _____ Central Rec Invoice #: _____

Distribution Before Travel:

- | | |
|----------------------|--|
| APS Activity Buses - | All Copies to Athletics - Copy will be returned to the site following reservation. |
| APS Fleet Vehicles - | All Copies to Central Receiving - Copy will be returned to the site following reservation. |
| All other requests - | All Copies to Transportation - Copy be returned to the site following reservation. |

Distribution After Travel: As applicable by billing source. 3 part NCR form REVISED 07/2013