

RIVERDALE SCHOOL DISTRICT
TRANSPORTATION AUTHORIZATION
(TRIP SLIP)

Person Requesting Trip: _____

Event / Trip Description: _____

Destination: _____

Date of Trip: _____

Number of People to be Transported: _____

Departure Time: _____ am pm Return Time: _____ am pm

AUTHORIZATION is granted for the above trip:

District Administrator Signature

Special Instructions: _____

DRIVERS REPORT:

Driver's Name: _____

Miles at Finish: _____

Attached Slips: _____

Miles at Start: _____

Meals: _____

Total Miles: _____

Gasoline: _____

Starting Time: _____

Other: _____

Ending Hours: _____

Date Driver Paid: _____

Total Hours: _____