

**TRANSPORTATION REQUEST**

JEMEZ MOUNTAIN SCHOOL DIST. 53  
 P. O. Box 230  
 Gallina, New Mexico 87017

**INSTRUCTIONS**

1. Requests must be submitted prior to each trip and sent to the Central Office.
2. A separate request form must be filled out for each trip.
3. Send Transportation Request form to Central Office

**This section to be completed by Teacher/Principal**

Date of Trip:	School:	Destination:		
Departure time	Return Time	Individual/Group:		
From School:	To School:			
Number of Riders:	Teacher in Charge:	Date Submitted:	Charge To:	

Comments: (Include all Directions or Special Instructions)

Credit Card Issued: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by:	Title:	Date approved:
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**This section to be completed by Transportation Department**

Date Received:	Date Acknowledged:	Vehicle:		
		Van:	Bus:	Other:

Comments: \_\_\_\_\_

Approved by:	Title:	Date Approved:
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