**Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)**

**Date of Request: 4/3/2021** **Date of Event: 6/16/2021**

**Organization:** Todd/Muhlenberg MEP **School:** MEP

**Number of Passengers:** 35

**Type of Trip** (Check One)

 [ ] In-County Instructional [ ] In-County Athletic [ ] Other: (Explain In Detail)

 [ ] Out-of-County Instructional [ ] Out-of-County Athletic

 [x] Out-of-State Instructional [ ] Out-Of-State Athletic

**Destination** (Event, City, and State): TCAT & APSU, Clarksville, TN

**Planned Stops To and From: None**

**Departing Location: TCCHS Date of Departure: 6/16/2021 Time of Departure: 7:00 AM**

**Returning Location: TCCHS Date of Return: 6/16/2021 Time of Return: 5:00 PM**

**Chaperone/s: L Voth; P Ramirez** **Chaperone’s Phone: 270-604-5091; 863-624-1235**

**Special Requests** (Check One)

 [ ] Van [ ] Wheelchair Accessible [ ] Monitor [x] Other: (Explain In Detail) Summer Teacher/Driver

**If requesting the Van, has the person driving been certified and approved to drive?** [ ] Yes [ ] No (Check One)

**Person Driving Van: Click here to enter text. Trip Requested By:** **Click here to enter text.**

**Organization Responsible for Payment:** **Click here to enter text.**

**Approval of Site Based Council Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 DISTRICT USE ONLY**

**Approval of District Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

**Date/Time of Departure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Odometer Start:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date/Time of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Odometer End:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby certify that the above information is correct to the best of my knowledge**.

**Driver Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver Comments**:

**Coach or School Representative Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**