Page 1 of 1

Section 1 To be completed by requestion scheduling transportation for	
Date of Request 1/4/23	Date of Event <u>2/17/23</u>
Organization TCC HIBCALL	School 7 CCHS
Organization / CC (77 1)2/FDEIT	
Number of Pa	ssengers 33
Type of Trip (Circle One)	
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athletic
☐ Out-of-State Instructional	☑ Out-of-State Athletic
Destination (Event, City, and State)) Planned Stops to and from 7	Clarksville Northeast H.S.
Departing location TUHANSE Returning location TUHANSE	Date of Departure 3/17/23 Date of Return 3/17/23 Time of Departure 7:30 AM Time of Return 10:30 AM
Chaperone(s) (GachO)	Chaperone's Phone #6/557/4295
Special Requests (Check One Van Wheelchair If requesting the van, has the person of Person Driving Van Organization Responsible for Paymer Approval of Site Based Council Repr	1/1/2 21 1-22-23
	District Use Only
Section 2	
Approval of District Representative	Date
DRIVER - T	URN THIS FORM IN WITH TIMESHEETS
Section 3	Odometer Start:
Date/Time Departure:	
Date/Time Return:	
I hereby certify that th	e above information is correct to the best of my knowledge.
Driver Signature	Date
Coach or School Representative Signatu	Tre Date
n 1 C1	Review/Revised:4/9/2018

Section 1 To be completed by request scheduling transportation for	ing organization — (Incomplete forms will be returned, causing a delay in or the event.)
Date of Request \$14/2}	Date of Event <u>7/28/23</u>
Organization TCCHS Decebell	School Tat
	0.75
Number of Pa	assengers
Type of Trip (Circle One)	*
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athletic
☐ Out-of-State Instructional	Out-of-State Athletic
Destination (Event, City, and State)) Planned Stops to and from	4541018 Hokovy Blod. CTN Heat)
	7/18/2 = 50 AM
Departing location ECHS Annho	Date of Departure 1/38/23 Time of Departure 3: Och M Time of Return 1/20/11
Returning location TCC HSAMBO	
Chaperone(s) Coccher	Chaperone's Phone # 615 971 4295
Special Requests (Check One Un Wheelchair	Accessible Other: Monitor Other (Explain in Detail)
	driving been certified and approved to drive? Trip Requested By:
Person Driving Van Organization Responsible for Payme	nt TCCHS Athletics
Approval of Site Based Council Rep	N 1-22-22
	District Use Only
Section 2	·
Approval of District Representative	Date
DRIVER - T	TURN THIS FORM IN WITH TIMESHEETS
Section 3	O. J According
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that th	ne above information is correct to the best of my knowledge.
Driver Signature	Date
Coach or School Representative Signate	nre Date
Page 1 of 1	Review/Revised:4/9/2018

Section 1 To be completed by request scheduling transportation for	ing organization — (Incomplete forms will be returned, causing a delay in or the event.)
Date of Request 1/4/23	Date of Event 4/3-7/23
Organization TCCHS Baseba	11 School TCCHS
Number of Pa	ΩC
Type of Trip (Circle One)	
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	☐ Out-of-County Athletic
☐ Out-of-State Instructional	Out-of-State Athletic
Destination (Event, City, and State))	Destin, FL
Planned Stops to and from TOA	
Departing location Techs Annex	Date of Departure 4/3/23 Time of Departure
Returning location C H Annel	Date of Return 4/7/33 Time of Return 78/7
Chaperone(s) Coeches	Chaperone's Phone # 615971 4295
Special Requests (Check One Van Wheelchair	Accessible Other: Monitor Other (Explain in Detail)
If requesting the van, has the person	driving been certified and approved to drive? Trip Requested By: Tim Dagle
Person Driving Van	Trip Requested By: O 174 Days
Organization Responsible for Payme	
Approval of Site Based Council Rep	
n e	District Use Only
Section 2	Date
Approval of District Representative	
	TURN THIS FORM IN WITH TIMESHEETS
Section 3	Odometer Start:
Date/Time Departure:	
Date/Time Return:	ne above information is correct to the best of my knowledge.
•	Dete
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatu	Date
Page 1 of 1	Review/Revised:4/9/2018

Bollog	Natural Control of the Control of th
Section 1 To be completed by requesti- scheduling transportation fo	ng organization — (Incomplete forms will be returned, causing a delay in r the event.)
Date of Request 1/4/23	Date of Event 4/4/23
Organization TCCHS Berebull	School TCCHS
Number of Pa	ssengers 25
Type of Trip (Circle One)	
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athletic
☐ Out-of-State Instructional	☑ Out-of-State Athletic
Destination (Event, City, and State)) Planned Stops to and from That	Father Ryan H.S. North ville TN: 700 Norwood Dr.
	Date of Departure 4/14/D) Time of Departure 31707M
Departing location Tatt Annex	Date of Departure 4/14/D Time of Departure 31/01M Time of Return 11: COPN
Returning location TCH Anny	
Chaperone(s) Coo delle	Chaperone's Phone #6/59114295
If requesting the van, has the person d	Accessible Other: Monitor Other (Explain in Detail) Accessible Other: Monitor Other (Explain in Detail) Accessible Other: Monitor Other (Explain in Detail) Trip Requested By: Jin Deigle
Organization Responsible for Paymen	$1 \left(\frac{1}{2} \right) \sqrt{2} = \frac{1}{2} \sqrt{2} = \frac{1}{2}$
Approval of Site Based Council Repro	esentative
	District Use Only
Section 2	Date
Approval of District Representative	Date
	URN THIS FORM IN WITH TIMESHEETS
Section 3	Odometer Start:
Date/Time Departure:	
Date/Time Return:	
I hereby certify that the	e above information is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatur	reDate
Page 1 of 1	Review/Revised:4/9/2018

Page 1 of 1

Section 1 To be completed by request scheduling transportation f	
Date of Request 1/4/23	Date of Event 427/27
Organization TCC HS ABOR BS	school TCCHS
Number of P	
Type of Trip (Circle One)	
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	☐ Out-of-County Athletic
☐ Out-of-State Instructional	☐ Out-of-State Athletic
Destination (Event, City, and State)) Planned Stops to and from The	West Creek H.S. Clarksville T.N
Departing location TCC HI AND Returning location TCC HIS AND Returning location TCC HIS AND RETURNING LOCATION TO THE PARTY LANGE LOCATION TO THE PARTY LO	Date of Departure 1010 Time of Departure 7.45 PM Date of Return 4070 Time of Return 10:20 PM
Chaperone(s) Cog las	Chaperone's Phone # 6/757/4258
Special Requests (Check One Van	1 1 23-23
14 (2 14 0) (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	District Use Only
Section 2	Date
Approval of District Representative	

	TURN THIS FORM IN WITH TIMESHEETS
Section 3	Odometer Start:
Date/Time Departure:	
Date/Time Return:	ne above information is correct to the best of my knowledge.
•	Data
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signat	Date
5 1 61	Review/Revised:4/9/2018

Section 1 To be completed by requesti scheduling transportation fo	ng organization — (Incomplete forms will be returned, causing a delay in r the event.)
Date of Request 1/24/23	Date of Event 4/29/23
Organization TCCHS Besebell	School TCCH
	ssengers
Type of Trip (Circle One)	•
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructional	☐ Out-of-County Athletic
☐ Out-of-State Instructional	Out-of-State Athletic
Destination (Event, City, and State)) Planned Stops to and from	Classille Northwest H.S. Classille TN
Departing location TCCHI Annual Returning location TCCHI Annual	Date of Departure (100) Time of Departure (100) Time of Return (100) Time of Return (100)
Chaperone(s) Cocher	Chaperone's Phone # 6/5/97/ 425
If requesting the van, has the person d	Accessible Other: Monitor Other (Explain in Detail) Accessible Other: Monitor Other (Explain in Detail) Accessible Trip Requested By: Trip Requested By: Trip Requested By:
Organization Responsible for Paymen	1/1/2 - 1-23-28
Approval of Site Based Council Repr	esentative Date 1
	District Use Only
Section 2	Date
Approval of District Representative	
DRIVER - T	URN THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the	above information is correct to the best of my knowledge.
Driver Signature	Date _{z-}
Driver Comments:	
Coach or School Representative Signatur	Date
Page 1 of 1	Review/Revised:4/9/2018