**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: 11/6/2023** **Date of Event: 11/29/2023**

**Organization:** MEP **School:** District

**Number of Passengers:** 40

**Type of Trip** (Check 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): HCC, Hopkinsville, KY

**Planned Stops To and From:** NA

**Departing Location:** TCCHS **Date of Departure:** 11/29/2023 **Time of Departure**: 8:00 AM

**Returning Location:** TCCHS **Date of Return:** 11/29/2023 **Time of Return:** 1:30 PM

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

**Special Requests** (Check One) **NA**

Van Wheelchair Accessible Monitor Other: (Explain In Detail)

**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:**

**Organization Responsible for Payment:** MEP

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**