



Broken Arrow Public Schools Bus Request

School: _____ Date: _____

Teacher: _____ Cell # _____

Organization/Grade: _____

Pick up location (ie; front/back/bldg #) _____	
Number Attending: _____	Number of Buses: _____
Date Vehicle Needed: _____	
Pick up Time: _____	Departure Time: _____

Name of Destination: _____	Phone: _____
Address: _____	City: _____ State: _____
Drop off location (ie; front/back/bldg #) _____	
Depart Destination: _____	Estimated return to school: _____

Comments (Meal, Extra Stops, Etc.): _____

Weekend and Evening Emergency Contact # 918-857-7021

OCAS Coding: _____
OR

Activity Account / PO #: _____

Costs To Be Shared (explain): _____

This Activity has been Approved by: _____

This Request has been Emailed by: _____

TRANSPORTATION USE ONLY

Vehicle Number: _____ Driver: _____

Time Work Started: _____ am - pm Time Work Ended: _____ am - pm

Time Work Started: _____ am - pm Time Work Ended: _____ am - pm

Beg Mileage: _____ End Mileage: _____

BUS AT OR BELOW 1/2 TANK? YES NO (PLEASE CIRCLE ONE)

Transportation Signature: _____