

**SWEENY INDEPENDENT SCHOOL DISTRICT**  
**SPECIAL TRANSPORTATION REQUEST**

TODAY'S DATE:

Name of person and organization requesting Special Transportation

Trip to:

Leave:                    A.M.        P.M.        Return:                    A .M.        P.M.

Travel Date:

Number of Pupils to be transported:

Equipment Needed & Comments:

**COST REPORT**

Speedometer Readings

End: \_\_\_\_\_

Start: \_\_\_\_\_        Number Miles Traveled: \_\_\_\_\_        Total Hours (trip): \_\_\_\_\_

Bus Driver's Signature: \_\_\_\_\_

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FOR OFFICE USE ONLY

Amount Due: \_\_\_\_\_

Code: \_\_\_\_\_

COST REPORT APPROVED BY: \_\_\_\_\_