

Pinks' Bus Service, Inc.
Transportation Request

Type of transportation requested _____

Activity or Group _____ No. of People _____

Pick up location _____

How is this trip funded? (Please check one)

_____ Self-Funded _____ GEEE _____ PTA _____ Other _____

Date needed _____ Destination _____

Leave from _____ Loading time _____

Estimated time of return to school _____

Is this a schedule change? _____ If yes, from what date? _____

From what time? _____ From what group? _____

How many buses requested _____

Signature: Person making request

Signature: Principal

Signature: Approved by Pinks' Bus Service

This form must be turned in to the Principal and forwarded to Pinks' Bus Service at least 30 days before the bus is needed. Include any special directions or additional destinations on the back of the request. We will not guarantee you a bus unless you have gotten this request in to us and you have received written confirmation.