



BOARD OF EDUCATION  
SCHOOL DISTRICT NO. 50  
(HAIDA GWAII)

**FIELD TRIP BUSSING REQUEST/INVOICE**

<b>Date of Application</b>	
<b>School</b>	
<b>Contact Name</b>	
<b>Purpose of Trip</b>	
<b>Date of Trip</b>	

**\*\*\*\*\*PLEASE FILL OUT ALL REQUIRED FIELDS\*\*\*\*\***

<b>INITIAL TRIP DROP OFF</b>	Location Pick Up:	
	Location Drop Off:	
	# of Passengers:	
	Pick Up Time:	
	Drop Off Time:	

<b>RETURN TRIP DROP OFF</b>	Location Pick Up:	
	Location Drop Off:	
	# of Passengers:	
	Pick Up Time:	
	Drop Off Time:	

<b>ACCOUNT TO BE CHARGED:</b>	
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**DO YOU REQUIRE THE BUS DRIVER TO STAY FOR THE DURATION OF THE FIELD TRIP? PLEASE CHECK ONE:**

YES ☐  
NO ☐

**IN THE EVENT OF ANY ROUTE CHANGES OR EMERGENCIES, PLEASE CONTACT TRANSPORTATION DISPATCH AT 250-637-1409 OR TRANSPORTATION MANAGER RICK SWAIN AT 250-637-1142.**

**\*\*\*\*\*NOTES FOR DISTRICT OFFICE USE ONLY\*\*\*\*\***

DRIVER: \_\_\_\_\_  
TOTAL AMOUNT OF INVOICE: \$ \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
District Authorization