



**BOARD OF EDUCATION
SCHOOL DISTRICT NO. 50
(HAIDA GWAI)**

FIELD TRIP BUSSING REQUEST/INVOICE

Date of Application	
School	
Contact Name	
Purpose of Trip	
Date of Trip	

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

INITIAL TRIP DROP OFF	Location Pick Up:
	Location Drop Off:
	# of Passengers:
	Pick Up Time:
	Drop Off Time:

RETURN TRIP DROP OFF	Location Pick Up:
	Location Drop Off:
	# of Passengers:
	Pick Up Time:
	Drop Off Time:

ACCOUNT TO BE CHARGED:

**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