



**KAMEHAMEHA SCHOOLS**  
**Operations Division/Transportation Department**

**TRANSPORTATION REQUEST FORM**

DATE

TR NUMBER

REQUIRED ON:

DAY OF WEEK

DATE

NUMBER OF RIDERS

DEPARTURE: \_\_\_\_\_  
PLACE

TIME  
AM PM

[\_\_\_\_\_] [\_\_\_\_\_]

DUE AT  
DESTINATION: \_\_\_\_\_  
PLACE

AM PM

[\_\_\_\_\_] [\_\_\_\_\_]

RETURN: \_\_\_\_\_  
PLACE

TIME  
AM PM

[\_\_\_\_\_] [\_\_\_\_\_]

DUE AT  
DESTINATION: \_\_\_\_\_  
PLACE

AM PM

[\_\_\_\_\_] [\_\_\_\_\_]

CLASS, GRADE, ORGANIZATION, ETC.

PERSON(S) IN CHARGE OF PASSENGERS

PURPOSE OF TRIP

PICK-UP LUNCH/JUICE ( ) No. \_\_\_\_\_

REQUESTED BY

APPROVED: PRINCIPAL/DEPT. HEAD

===== DO NOT WRITE BELOW THIS LINE =====

DATE RECEIVED: \_\_\_\_\_

GROUP/DEPARTMENT

NUMBER OF BUSES: \_\_\_\_\_

TO BE CHARGED: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

REGULAR HOURS: \_\_\_\_\_

OBJECT CODE: \_\_\_\_\_

OVER TIME HOURS: \_\_\_\_\_

\*ESTIMATE OVERTIME COST: \_\_\_\_\_

\*ACTUAL CHARGES WILL BE DETERMINED AFTER COMPLETION OF TRIP - BILLING WILL BE DONE ON A MONTHLY BASIS.

Comments: \_\_\_\_\_

APPROVED: \_\_\_\_\_

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