



Vendor Name: _____
Request Number: _____

| Trip To Be Taken | |
|------------------|-------|
| Day: | Date: |

| | |
|---|-----------------------------|
| District: Temple City Unified School District | Estimate: Account #: |
| Attention: | |
| Street Address: 9700 Las Tunas Drive | |
| City, State, Zip: Temple City, CA 91780 | |

| Bus Arrive For Loading | Pickup Address | Passengers | | |
|-------------------------------|--------------------------|-----------------------|-------------------------------|--------|
| | | Students | | Adults |
| | | K-8 | 9~12 | |
| | | No. of Buses Ordered | | |
| Bus Depart From School | | Type | Cap | |
| | | Van | 16 | |
| | | Conv. | 24 / 36 | |
| | | | 44 / 66 | |
| Bus Arrive Destination | Team/Program: | Trans. | 52 / 78 56 / 84 60 / 90 | |
| Requested By: (Teacher/Coach) | Approved By: (Principal) | | | |
| | | | | |
| Bus Depart Destination | Destination | Purchase Order No. | | |
| Bus Return to School | | | | |
| Bus Release to Terminal | | | | |
| Special Instructions: | | | | |
| | | Special Notations | | |
| | | One-way Take | | |
| | | One-way Return | | |
| | | Round Trip | | |
| | | Luggage Compartment | | |
| | | Wheelchair Accessible | | |

| School Site Use Only | Transportation Use Only |
|---|-------------------------|
| Date Ordered: | Date Received: |
| Ordered By: | Date Scheduled: |
| Phone: | Entered By: |
| School Verifications | |
| Bus Arrival Time: | |
| Bus Release Time: | |
| Signed by : | |
| Please use reverse side for comments, suggestions, complaints, etc. | |