

Trip No. _____

(office use only)

ALBERT LEA BUS COMPANY FIELD TRIP REQUEST FORM

Please e-mail or fax request to Albert Lea Bus Company at least 10 working days before the trip is to take place to assure proper scheduling.

Phone no. 507-373-1467

Fax 507-373-2714

EEmail to:

btweeten@albertleabuscompany.com

ORIGINATOR FILL IN THIS SECTION (Please complete all lines)

School or Group _____ Activity _____ Date of trip _____

a.m.

Pick up location _____ No. in group _____ Departure Time _____

p.m.

a.m.

Trip to _____ Time Due at Dest. _____

p.m.

a.m.

Address (Street, City) _____ Time Lv. Dest. _____

p.m.

a.m.

Requested by _____ Time of Ret. _____

p.m.

E-mail: _____ Phone No. _____

Person(s) Supervising Trip _____ Date _____

Special Instructions _____

TYPE OF VEHICLE REQUESTED (indicate number of vehicles needed)

_____ School Bus (77 Pass.) _____ W/C Bus

_____ Trailer

Signature of Responsible Authority _____ Date _____

NOTES