

Stroudsburg Area School District



Building to Building Transportation Request

Date of Trip: _____

Destination: _____

Teacher in Charge: _____

Substitutes Needed For: _____

Grade and Class Going On Trip: _____

Number of Students: _____

Place of Departure (School): _____

Departure Time: _____

Return Time To Your School : _____

Principal Signature: _____

Below To Be Filled In By Transportation:

PROJECTED COST:	(# hours _____ X \$20) + (# miles _____ X \$2.15) X # Buses _____	\$
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