APPLICATION OF REQUEST FOR STUDENT TRAVEL

FORM DUE TEN (10) WORKING DAYS PRIOR TO USAGE DATE

Bus No.:_____
Van No.: _____
Driver:_____
Driver:_____

Complete sections 1, 2, 3, 4, 5 and 6 below, then forward a completed copy to fpm@butte.edu.

Requests will not be scheduled or processed without the below information provided.

1. Individual/Department making request_____ Contact No.: _____

   Individual responsible on trip_____ Cell No.: _____

   Class/Other title or description_____

   Number of Students:_____ **ATTACH** ROLL SHEET/OR ROSTER TO APPLICATION.

2. Start Date:_____ Start Time: _____ ☐ A.M. or ☐ P.M.

   End Date: _____ End Time: _____☐ A.M. or ☐ P.M.
   (Expected Return Time To Campus)

3. Instructions to driver (including any other stops)

Trip Destination: _____

Any Other Stops: _____

Specific Loading Area: _____

4. Vehicle Type

☐ 12 passenger Van Quantity:_____

☐ Bus (33 Passenger) Quantity:_____

☐ Bus (55 Passenger) Quantity:_____

Do you need Transportation to provide a van driver for your trip? ☐Yes ☐**No**

If **"No"** List Name of Driver(s) _____

NOTE: DRIVERS MUST BE ENROLLED AND APPROVED THROUGH THE DISTRICT DRIVING PROGRAM BEFORE A VAN WILL BE CHECKED OUT

5. Budget Information

BUDGET CODE: _____

SIGNATURE: _____
PERSON APPROVING BUDGET

6. Authorization

☐ **Approved** Signature_____

☐ **Denied** SUPERVISOR/DIRECTOR/DEAN/VP

Send completed application to fpm@butte.edu.

TRANSPORTATION USE ONLY

☐**Approved** (Travel Has Been Scheduled)

☐ **Denied (**Travel Has **Not** Been Scheduled) Signature_____

9/2025

TRANSPORTATION USE ONLY

7. **Travel Costs:**

						ESTIMATED	ACTUAL
Mileage	Bus	_____ Total Mileage	x	$3.00/mile	=		
	Van	_____ Total Mileage	x	$2.00/mile	=	_____	_____
Bus Driver	Regular Time	_____ name	x	_____ hourly wage	_____ Regular hours worked =	_____	_____
	Overtime	_____ name	x	_____ hourly wage	_____ OT hours Worked =	_____	_____
TOTAL						_____	_____
Drivers Expenses	Breakfast	$ 16.00	x	_____ # of meals	=	_____	_____
	Lunch	$ 17.00	x	_____ # of meals	=	_____	_____
	Dinner	$ 28.00	x	_____ # of meals	=	_____	_____
	Lodging	_____	x	_____ # of nights	=	_____	_____
Miscellaneous	Parking	_____			=	_____	_____
	Bridge Tolls	_____			=	_____	_____
	Other	_____			=	_____	_____

Travel No.: _____

Invoice No.: _____

TOTAL TRIP COSTS _____ _____

Mileage Day 1	**Mileage Day 2**	**Mileage Day 3**	**Mileage Day 4**
End	End	End	End
Start	Start	Start	Start
Total	Total	Total	Total

Drivers Hours Day 1	**Drivers Hours Day 2**	**Drivers Hours Day 3**	**Drivers Hours Day 4**
End	End	End	End
Start	Start	Start	Start
Total	Total	Total	Total