

BUS REQUEST
East Side Union High School District
 830 North Capitol Ave.
 San Jose, California 95133
 Telephone (408) 347-5292 Fax (408) 347-5295

Date of Application: _____

School:			Dept/District:		Requested by:		
Date(s) of Use:		# Pass:	# Buses:	Time Leaving School:		Pick up at	Return Time at
Special Instructions:						FAX #:	
Destination:							
Purpose of Trip:						Quote: \$ _____ Per bus	
Method of Payment: (check box)	<input type="checkbox"/> ESUHSD Account #:			<input type="checkbox"/> School Bank #:			
	<input type="checkbox"/> PO # and Bill to Address required:			<input type="checkbox"/> Other:			

☐ Approved: _____ (Principal)
 ☐ Approved: _____ (Administrator authorized to expend funds)

☐ Approved: _____
 (Transportation)

☐ ESUHSD Bus not available. Contact Purchasing at (408) 347-5071 for approved vendor list.

☐ *Superintendent Approval: _____

☐ *Board Approval: _____

* Required for overnight, out-of-state, and trips over sixty (60) miles.

** For Transportation Department only **			
Vehicle(s): _____		No. of Passengers: _____	
Total Miles: _____		Total Hours: { Regular: _____ Overtime: _____	
Cost @: _____ /Mile \$		Cost: \$ _____ /Hr. Reg: \$	
Other: _____		\$ _____ /Hr. OT: \$	

District use only:

Total Cost \$ _____

Date Received: _____

Invoice #: _____