

## **SCHOOL DISTRICT NO. 22 (VERNON)**

School Bus Funding Application **TD1(b)**APPLICATION TO USE SCHOOL BUSSES & LOU 14 FUNDING FOR
OTHER THAN DAILY TRANSPORTATION

## Please email completed TD1(b) forms to activitytrips@sd22.bc.ca

		No. of		FOR OFFICE	TRIP Number
		Students:		USE ONLY	
Trip Date:		No. of		Grade(s):	
•		Adults:			
From:				At:	
(Specify Location and Correct Address)				(Departure Time) AM/PM	
То:				Return:	
	on and Correct Address	)		(Departure Time) AM/PM	
Additional					
Details:					
Special	Compartments \bigcup \	Wheelchair 🔲	На	rness: 5pt	☐ In-Seat ☐
Request(s):					
<b>GL Account Code:</b>			School:		
Teacher(s):					
Contact Name(s):		Cell No.:			
	(while on trip for driver)			(while on trip fo	r driver)
School		Purpose			
Department:		of trip:			
Itinerary: If overnight or multiple drop off locations. Include pickup and return times and locations below:					
Date of Application Approved by:					
Date of Application	,	Approved by:			
Date		_ [	By (Sign)		
FOR OFFICE USE ONLY					
Trip estimate provided by transportation:					
Trip reviewed and a	pproved by:			RECEIVED	
				EMAILED DAT	E
Manager of Transpo	rtation Svs / or designate	Date		EMAILED TO	