



Salem-Keizer School District
Transportation Department
998 Hawthorne Ave NE
Salem, OR 97301-2837
Phone: 503-399-3100
Fax: 503-399-3082

BUS REQUEST FORM FOR EXTERNAL CUSTOMERS

Please complete form and return via
email to: trans_trips@salkeiz.k12.or.us
or fax to: 503-399-3082

Today's date:

Requester's organization:

Requested by:

Approved by:

Person to contact for questions about the trip:

Phone number:

Person in charge on trip:

Contact phone number:

Number of adults:

Number of students:

Grade/age:

Number of wheelchairs:

Date of departure:

Time of departure:

Point of departure:

Destination:

Date of return:

Time of return to point of departure:

Purpose of trip:

One way OR round trip? (Please specify.)

If round trip, would you like the bus to stay with the group?

SPECIAL INSTRUCTIONS (Please be EXPLICIT. Ex: "Cargo room needed." "Going to Lancaster Mall after singing at the capital."):

Account number to be charged:

- 539000

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