

*Cosumnes River College
Bus Request Form
Spring & Fall*

Requestor should complete an answer for each item that is bolded/underlined. Incomplete requests will not be considered.

Course Name: _____

Course Number: _____

Requestors Name: _____

Describe the purpose of this request and degree to which this travel is linked to course curriculum and/or course SLO's: _____

History of this Travel (check one):

First time request

Previously funded trip; most recent travel date _____

Trip Details:

Departure Date: _____

Return Date: _____

Destination: _____

Estimated Cost of Bus: _____

Number of Miles (round trip): _____

Number of Days: _____

Number of Nights: _____

Number of Students: _____

Number of Faculty/Staff: _____

See your manager with assistance to determine this figure

Identify possible categorical/grant funding (CTE, SSSP, ESP, etc.) or N/A: _____

Requestors Name: _____ **Division:** _____

Managers Name: _____ **Date:** _____

Managers Signature: _____

Manager's signature attests to the accuracy, completeness, appropriateness and necessity of this request