

# BISD Shuttle Bus Request Form

Today's Date: \_\_\_\_\_

Burleson ISD Maintenance Department  
Phone: 817-245-1012  
Email: pcannaday@bisdmail.net - Pam Cannaday

School: \_\_\_\_\_

Sport or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Trip Date Requested: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Destination: \_\_\_\_\_

Student Count: \_\_\_\_\_

Time: Pick Up: \_\_\_\_\_ Time dropping off: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

**\*\*\* Please estimate your mileage at \$1.50 and put in a PO. Send the PO number to the Maintenance Dept. before you take your trip.**

\*\*\*\*\*

**Maintenance Office use only**

Approved / Declined

Approved By: \_\_\_\_\_

Notes: \_\_\_\_\_

Confirm Date: \_\_\_\_\_

Bus Number(s): \_\_\_\_\_

(Subject to change)