



Eureka Union School District

Working Together for Excellence

Transportation Field Trip Request Form

School/Customer			
Trip Date			
Destination			
Destination Address			
Departure Time			
Return Time (back at school)			
Purpose of Trip			
Grades		# of Students	
# of Wheelchairs		# of Adults	
Teachers/Supervisor			
Other Additional Stops			
Email to Invoice			
Phone #			
Signature			

Transportation Office Use		
# of Buses	Reg:	Wc:
Estimate Driver Time	_____ Miles _____ Hours _____ Minutes	
Estimate Cost		
Signature		

Email Requests to fieldtrips@eurekausd.org

Fees will apply unless written cancellation is received 24 hours prior to Field Trip Date