

Form 552.1 Request for Division Vehicle Use

Please complete and send approved form to Transportation Supervisor at lcsdtransportation@lcsd.ca
 Copy of valid license is mandatory before confirmation of vehicle.

Date of Request: _____ Bus Booking No. _____

School: HRHS, St. Thomas, Father Gorman, St. Joseph, St. Mary, Mother Teresa, Division Office
 (Please circle one)

Request: Van 121, Van 122, Van 124, White Truck, Covered Trailer, Flatbed Trailer (Please circle one)

Name of Driver: _____ (Please attach copy of driver's license)

Destination: _____ Address: _____

Departure: _____ am/pm Return: _____ am/pm
 (Date) (Time) (Date) (Time)

Approx. KM _____ Approved: _____
 (out of town only) (Chief Financial Officer or Administration)

CHARGE TO:

____ Decentralized Funds (Special Events) GL Acct. # _____
 ____ SG Funds (Curriculum Field Trip) GL Acct. # _____
 ____ SG Funds (Other, incl. sports etc.) GL Acct. # _____

Approved Signature: _____
 (Administration)

BOOKING CONFIRMATION: (Division Office to fill out all of below Portion's)

Date Confirmed: _____ Sent to: _____ By: Email/Fax

Please Note:

All changes need to be approved by Administration before the change can be made at the Division office.
 Please ensure that the Van log book has been filled out correctly and handed back into the Division office,
 when dropping keys off.

No student shall be authorized to operate the van. Signature: _____
 (Transportation Supervisor)

FEE'S CHARGED TO SCHOOL:

In-town (\$25/trip)	_____	_____
	# of Trips	Total Cost
Out of Town (\$.60/km)	_____	_____
Total KM's	Total Cost	Total Cost