In-House Bus Request

KAMEHAMEHA SCHOOLS HAWAI'I

General Information		
Date:	Requested by:	Phone:
Group/Grade Level/Team:	KSBE Cost Center / Object Code:	

Trip Information				
Trip/Purpose:				
Destination:				
Number of Buses:	**14-Pass Bus**	**20-Pass Bus**	**Charter (Akita/Roberts)**	*HAIS Exemption Form(s) Required* **Other:**
Number of Riders:	**Students:**		**Teachers / Adults:**	
Sign-Out: Date: Time:				
Departure: Date: Time			**Return:** Date: Time:	
Itinerary:				

Driver Information *(If more than one driver, please attach driver information separately)*	
Driver Name:	Position:
Contact Phone:	Cell Phone:
Qualifications Current? Y N	Driver's Signature:

Reviewed By *(Must have requestor's Department Head signature)*	
Requestor's Signature:	Date:
Administrative Dept Head Signature:	Date:
Transportation Coordinator:	Date:

Vehicle Assignment			
Bus #:	Bus #:	Bus #:	Bus #:

PLEASE SUBMIT NO LESS THAN 5 WORKING DAYS PRIOR TO EVENT