

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Transportation Services**

PROGRAM BILLING FORM FOR TRANSPORTATION COSTS (TRA-F007)

NO. _____

School / Dept. / Person Requesting Service: _____

Date(s) of Service: _____ Time: (from) _____ (to) _____

Type of Service: Field Trip Vehicle Repair Fuel & Oil Other: _____

Pick Up & Destination: _____

CHARGE INFORMATION

Miles: _____ X Rate: _____ = \$ _____

Hours (Reg) _____ X Rate: _____ = \$ _____

Hours (OT) _____ X Rate: _____ = \$ _____

Meals Bridge Tolls Lodging Parking Other = \$ _____

→ → → → → → **TOTAL COST** = \$ _____

BILLING INFORMATION

Responsible Person: _____ Phone: _____

Budget Code: _____

Comments: _____

Approved: _____

To be completed by Budget Services:

Credit: _____ = \$ _____

Debit: _____ = \$ _____

_____ = \$ _____

Distribution: White) General Accounting – After completed by Budget
 Yellow) School or Department – After completed by Budget
 Pink) Transportation – After completed by Budget
 Goldenrod) Transportation Suspense File