

Secchia–Allen Student Transportation Fund

Bus Funding Request Form
Gerald R. Ford Presidential Museum

School District: _____

% of District Students at Risk: _____

School Name: _____

Area Code & Phone Number: _____

Teacher: _____

Principal: _____

Middle School Class Subjects: _____

High School Class Subjects: _____

Number of Buses Requested: _____

Estimated Cost: \$ _____

Teacher's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

PLEASE NOTE:

- If considering charter buses, prior Museum approval is required.
- Bus funding granted once a date has been reserved to visit the Museum.

Return completed form using one of the following methods:

- Email: fieldtrip@nara.gov
- Fax: (616) 254-0386
- Mail: Gerald R. Ford Museum
303 Pearl Street N.W.
Grand Rapids, MI 49504

Museum Use Only

Date of Request: _____

Funding Approved: Yes: ___ No: ___

Received by: _____

Reason for Denial: _____

Final Invoice Received: _____

Pending Availability of Funds: Yes: ___ No: ___

Final Bus Cost: _____

Date Notified of Approval / Denial: _____

Date Submitted for Payment: _____

Notified by: _____