

Secchia–Allen Student Transportation Fund

Bus Funding Request Form to the
Gerald R. Ford Presidential Museum

School District: _____

Grade Level: _____

% of Students at Risk in District: _____

Number of Students: _____

Name of School: _____

School Address: _____

Area Code / Phone Number: _____

Bus Information*

Fax Number: _____

Number of Buses Requested: _____

Principal: _____

Estimated Cost: \$ _____

Teacher: _____

***Please note: If considering charter buses,
you must get prior approval. Bus funding is
not considered without a firm date to visit
the Museum.**

E-mail Address: _____

Middle/High School Class Subjects: _____

Principal's Signature: _____

Date: _____

Teacher's Signature: _____

Date: _____

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: _____