

Field Trip Approval/Vehicle Request Form

STUDENTS 09.36 AP.21

DATE SUBMITTED FOR APPROVAL ____/____/____

SCHOOL _____ FACULTY SPONSORS _____

DATE(S) OF TRIP _____ NO. OF STUDENTS _____ NO. OF CHAPERONES _____ TOTAL NO. _____

DEPARTURE TIME _____ RETURN TIME _____ Name of College (Not Required for Athletics & Academics) _____

DESTINATION _____ ADDRESS _____

In-district Out of district Out of State Overnight: If overnight trip, provide lodging information below:

Hotel Name _____ Address _____ Telephone # _____

TYPE OF TRIP (CHECK ONE): Classroom Field Trip; Provide class subject/grade _____

Organization/Club Trip; Specify name of organization/club _____

Other (athletic, band, if applicable) Provide detailed description _____

PURPOSE OF TRIP: DESCRIBE THE PURPOSE OF THE TRIP (HOW IT IS RELATES TO COURSE OF STUDY, EDUCATIONAL VALUE, ETC.) _____

BILL TRIP EXPENSES TO: Board (General Fund, Athletics, Preschool, etc.) MUNIS Code _____ - _____ - _____

(Check One) School activity Fund (Provide Purchase Order Number) _____

Other: Provide: Contact Name _____ Address _____

Phone Number _____

Estimated Mileage Cost: Est. Miles _____ x \$1.00 = \$ _____ Estimated Driver Cost: Est. Hours _____ x \$8.89 = \$ _____

Total Estimated Cost: \$ _____ **The Board will pay \$2.25 of mileage costs for ALL trips.

APPROVAL FROM FINANCE _____ DATE _____ PURCHASE ORDER # _____

PROGRAM DIRECTOR SIGNATURE (IF APPLICABLE) _____ DATE _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

MODE OF TRANSPORTATION (CHECK ONE) District-owned school bus (If more than one, please specify) _____

District-owned vehicle, other than bus; specify _____ Private vehicle, if allowed by policy; specify driver(s) _____

Certificated common carrier; specify _____ Check here if luggage, equipment, projects, etc. will be transported. Specify _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? YES NO

APPROVAL AUTHORITY (THIS FORM MUST BE APPROVED BY ALL PARTIES BEFORE A BUS WILL BE DISPATCHED.)

FACULTY SPONSOR _____ DATE _____

PRINCIPAL/SCHOOL COUNCIL _____ DATE _____

TRANSPORTATION DIRECTOR _____ DATE _____

SUPERINTENDENT/DESIGNEE _____ DATE _____

TRIP DENIED FOR THE FOLLOWING REASON(S) _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

RELATED PROCEDURES:09.36 AP.211, 09.36 AP.23

INVOICE

Name of Driver _____ Signature of Driver _____ Employee # _____

Destination _____ Actual Date of Trip _____

Beginning Mileage _____ Ending Mileage _____ Departure Time _____ Return Time _____

Amount Due Mileage: Total Miles _____ x \$3.25 = \$ _____ Example: Total Miles 10 X \$3.25 = \$32.50

Amount Due Driver: Total Hours _____ x \$8.89 = \$ _____ Example: Total Hours 2 X \$8.89 = \$17.78

Total Amount Due: Mileage & Driver: Mileage \$ _____ + Driver \$ _____ = Total Due \$ _____

Sponsor/Teacher/Coach Signature: _____ Date _____

Approval for Payment Signature: _____ Date _____

Field trips are billed at \$3.25 per mile. The Board will pay \$2.25 per mile for ALL trips and the corresponding group/team will pay \$1.00 per mile. Drivers are paid at \$8.89 per hour (plus any applicable overtime wages). * Driver may charge one hour to clean and fuel bus. Board Approved 12/18/17