

**Field Trip Request**

Submit to Director of Instruction at least two weeks before trip

**TWO WEEKS PRIOR TO EVENT:**

**Completed:**

Complete all information regarding the planned event  
Complete the fund title & account code to be charge

School \_\_\_\_\_

Date Submitted \_\_\_\_\_

Teacher \_\_\_\_\_

Grade or Subject \_\_\_\_\_

Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_

Address \_\_\_\_\_

Number of Students \_\_\_\_\_

Form of Transportation \_\_\_\_\_

Will a Substitute Be Needed \_\_\_\_\_

Exact Departure Time \_\_\_\_\_

Estimated Return Time \_\_\_\_\_

Fund Title  Exempt (band, athletics)  GF 001-4100-480-020  
 Vo Ag 001-1311-899-020  Student Activity Account \_\_\_\_\_

Relationship of trip to classroom curriculum (include building/district goal): \_\_\_\_\_

**ADMINISTRATIVE ACTION**

Building Principal \_\_\_\_\_ Date \_\_\_\_\_

Director of Instruction \_\_\_\_\_ Date \_\_\_\_\_

Bus Supervisor Contacted on: \_\_\_\_\_  
Date \_\_\_\_\_

Approved

Rejected

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**ACTUAL COSTS**

To be completed by Transportation Supervisor

Driver Labor: Regular Substitute

Hours \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Total Wages \_\_\_\_\_

Retirement: 14.00% \_\_\_\_\_

Medicare 1.45% \_\_\_\_\_

Total \_\_\_\_\_

Operational: Miles \_\_\_\_\_ x \_\_\_\_\_

Total Mileage \_\_\_\_\_

Amount Due \_\_\_\_\_

Transportation Supervisor

**Return form to Director of Instruction when completed**