

FIELD TRIP TRANSPORTATION REQUEST

All Field Trip Requests must be approved by the principal prior to submitting a Student Transportation Request

Today's Date _____ Budget Code _____

Staff Name _____ Office/Room Telephone Number _____

School/Department _____ Grade level/Course/Team/Activity _____

Destination _____

Address _____

Number of Riders: Students _____ Staff _____ Adult volunteers _____ TOTAL _____

Educational Purpose _____

CHARTER _____ OR DISTRICT BUS _____ OR DISTRICT VAN _____

Yellow buses are available between 9:00am - 2:00pm

Date: _____ Date: _____

Depart from school _____ () AM () PM Arrive at destination _____ () AM () PM

Depart destination _____ () AM () PM Arrive at school _____ () AM () PM

Approval: _____ today's Date _____

(For Transportation Department Use Only)

Bus Number _____ Driver Name _____ Number of Riders _____

Odometer Reading: End of trip: _____ **Time:** End of trip: _____

Start of trip: _____ Start of trip: _____

Total Miles: _____ Total Hours: _____

_____ X _____ = _____ + _____ X _____ = \$ _____ = \$ _____

Miles Rate Mileage Cost Hours Rate Time Cost **TOTAL Cost of Trip**

SCHOOL BUS - RATE ESTIMATE (update 11/2018)

\$2.36 per mile, plus \$31.59 per hour

Add one hour for driver transition time to total hours.

Note: This is a cost range. Actual costs may be more or less.

APPROVED _____

Date Signature

SCHEDULED _____

Date Signature