

Field Trip Vehicle Request

Day of the Week for Trip _____

Today's Date _____

1. Fill in all blanks.
2. Get your Campus Administrator's approval.
3. **Submit form to Transportation Director at least one week prior to trip.**

Date of Departure _____

Date of Return _____

Time of Departure _____

Estimated Time of Return _____

Group Making Trip _____

Total # of Persons (students & Staff) _____

Purpose of Trip _____

List all Destinations _____

Do you have a Driver? _____

If yes, whom? _____

Person Responsible for Vehicle _____

Contact Phone # _____

Fuel Code # _____

Driver Salary Code # _____

Principal's Signature _____

Note: Any group returning a school vehicle with a dirty interior may be charged a cleaning fee. If allowed to eat on bus – no sunflower seeds, gum, or suckers.

Driver Information

Beginning Odometer Reading _____ Ending Odometer Reading _____

Total Miles _____ Total Driving Hours _____ Total Sitting Hours _____

If you have any mechanical problems with the vehicle, please note here:

Driver's Signature: _____

For Transportation Department Use

Authorized by _____

Vehicle # Assigned _____

Driver Charge (if applicable) \$ _____ x _____

Driving Hours = \$ _____

\$ _____ x _____

Sitting Hours = \$ _____

Total Driver Chare = \$ _____

Cost per Mile = \$ _____ x _____ miles =

Total Mileage Charge = \$ _____

\$ _____ Total Driver Charge + \$ _____

Total Mileage Charge = \$ _____