



# REQUEST FOR FIELD TRIP

Administrative Office  
225 W. Church Avenue, Suite A  
Reed City, Michigan 49677  
Phone: (231) 832-2201 Fax: (231) 832-2202  
www.reedcity.k12.mi.us

### INSTRUCTIONS:

1. Sponsor completes form and submits to the principal at least 10 days prior to the field trip date
2. If the principal approves, the form is signed and sent to the superintendent
3. The superintendent will sign and forward form to the transportation supervisor
4. The transportation supervisor will:
  - Make trip arrangements and notify building principal
  - Return Green form to Central Office

### TO BE COMPLETED BY SPONSOR - PLEASE PRINT CLEARLY

School _____	Today's Date _____
Sponsor _____	Organization _____
Date(s) of Field Trip _____	Number of: Students _____ Chaperones _____
Destination _____	Purpose _____
Overnight <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Nights _____	If yes, date taken to BOE _____
Pick Up Point _____	Approx. Mileage (RoundTrip) _____
Time Leaving _____	Time Returning _____
_____	_____
Account to be paid from _____	Sponsor's Signature _____ Date _____
_____	_____
Principal's Signature _____ Date _____	Superintendent's Signature _____ Date _____

**TRANSPORTATION DEPARTMENT USE ONLY**

Date Received _____	<input type="checkbox"/> Transport Arranged	<input type="checkbox"/> Principal Notified
Driver _____	Est. Miles _____	Actual Miles _____
Supervisor's Signature _____	<b>Return form to Central Office</b>	

### CENTRAL OFFICE USE ONLY

Total Miles \_\_\_\_\_ Final Cost \_\_\_\_\_ Date Billed \_\_\_\_\_ Payment Recv \_\_\_\_\_