

FIELD TRIP/STUDENT ACTIVITY FORM
2015/16 thru 2019/20

THE COMPLETED FIELD TRIP/STUDENT ACTIVITY FORM AND THE REQUEST FOR TRANSPORTATION FORM MUST BE IN THE **TRANSPORTATION OFFICE 3 – 4 WEEKS PRIOR TO THE TRIP.**

Requested by: _____ Date of Request: ____/____/____

School: _____ Purpose of Trip: _____

Date of Trip: ____/____/____ Trip Destination: _____

Approx. Distance (Miles): _____

ESTIMATED EXPENSES

(Do not use checkmarks; dollar amounts must be used so that accurate estimated costs are calculated.)

Staff Costs

Substitute \$ _____
 Meals \$ _____
 Lodging \$ _____
 Misc \$ _____
 Total (A) \$ _____

Student Costs

of Students \$ _____
 Total Registration \$ _____
 Transportation * \$ _____
 Total (B) \$ _____

* Costs = (\$15.79/hour, \$2.05/mile, \$78.91/minimum)
 "Request for Transportation" must be attached.

FUNDING SOURCE (PTO, GROUP, DEPARTMENT, SPEC ED, ETC.)

Total (C) \$ _____ Source: _____

| | |
|-----------------------------------|----------|
| <u>Staff Costs</u> | |
| (A) | \$ _____ |
| <u>Student Costs</u> | |
| + (B) | \$ _____ |
| <u>Contributed Support</u> | |
| - (C) | \$ _____ |
| <u>Total District Cost</u> | |
| | \$ _____ |

Signature: _____

IF THE FIELD TRIP/STUDENT ACTIVITY IS APPROVED, IT IS YOUR RESPONSIBILITY TO MAKE ALL ARRANGEMENTS FOR A SUBSTITUTE, REGISTRATION, LODGING, AND TRANSPORTATION, IF NECESSARY.

| <u>Initials Required</u> | <u>Approved</u> | <u>Not Approved</u> | <u>Dates & Comments</u> |
|-------------------------------|-----------------|---------------------|-----------------------------|
| Principal/Supervisor | _____ | _____ | _____ |
| Assistant Superintendent | _____ | _____ | _____ |
| Director of Business Services | _____ | _____ | _____ |
| Superintendent | _____ | _____ | _____ |