

SPECIAL TRIP REQUEST

(Application Date Must be Two (2) Weeks Prior to Event)

Building/Dept. _____ Trip Date & Time _____ Destination _____

Number of Students _____ Number of Adults _____ Number of Teachers _____ Total Number of Riders _____

Total Miles Round Trip _____ Number of Buses _____ Number of Lift Buses _____ Number of Vans _____

Educational Experience (Curriculum goals/objectives to be met): _____

Upon arrival at trip destination, is transportation staff to stay or return at loading time? _____

If stay, please explain: _____

Stay Request is: Approved _____ Denied _____ Transportation Supervisor Signature _____

Directions and/or map attached? _____

I, as the person requesting this trip, understand and agree that the driver's responsibility is to drive the bus. Discipline is to be the responsibility of the person in charge of the trip. Regular bus riding rules apply and bus driver has final responsibility for safety and discipline on the bus.

Requestor's Signature _____

ITINERARY

Leaving from _____ School Building at _____ a.m./p.m.

Arriving back _____ School Building at _____ a.m./p.m.

Trip Destination and Address _____

SPECIAL TRIP TRANSPORTATION COSTS

ITEM	ACCOUNT NUMBER	ESTIMATED COST	ACTUAL COST
Admission Student			
Admission Adult			
Vehicle @ \$1.00/mile			
Parking Fees			
Driver's Wage \$14.95/Hr (Includes \$12.00/hr + Retirement @16.94% & FICA @ 7.65%)			
Other Costs			
TOTAL PROJECTED COSTS	XXXXXXXX	\$	\$

 Administrator's Approval

 Approval Date

 Transportation Supervisor's Signature

 Approval Date

For Transportation Use Only
 Date Request Received In Transportation Office _____. Initials _____.