

Delphos City Schools District
Co-Curricular/Extra-Curricular Events
Trip Request

Section A: (To be completed by the trip originator and returned to Transportation Supervisor)

Advisor _____ Group _____ School _____

Advisor's Phone # _____

Date of Request _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Pick-up Time to Destination: _____ Pick-up Location _____

Pick-up Time to Return to Delphos: _____ Approximate Arrival Time Back at Delphos: _____

Number of Staff _____ Number of Students _____

Planned Meal Stop: Yes No (Circle One) Location: _____

Principal Approval _____

Note: The staff member in charge will have a **COMPLETED EMERGENCY MEDICAL FORM** for each student on the trip. The staff member in charge will also have a list of those students for whom medication is to be administered while on the trip, and will make the necessary arrangements to, in fact, take the necessary medications and administer same.

Section B: (To be completed by the transportation Department prior to trip.)

Name of Driver _____ Date _____ Bus Assignment No. _____

(To be determined by driver)

Trip Assigned by _____

Section C: (To be completed by the driver.)

Total Time Required _____ Total Miles Driven _____

Driver's signature _____

Notes:

- 1 - Driver must have a map of the route to be taken for all non-routine (non-route) trips. If you do not have access to a map please contact the transportation department at least 24 hours in advance of the trip.
 - 2 - Beginning mileage will be taken from the garage unless a trip is taking place directly after your route, in that case your beginning mileage will be taken from the requesting school. Ending mileage will be at the garage.
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Section D: (To be completed by the Central Office – Superintendent and Accounts Payable)

Total Time Required _____ (hours) x \$ _____ (rate/hr.) = \$ _____

Under 3 hours rate = \$ _____ Over 3 hours rate = \$ _____

Amount Paid = \$ _____ Approval _____