



Trip/Bus Transportation Request and Billing Form

School _____ Destination* _____

Teacher/Sponsor _____ Group _____ No. Students _____ No. Adults _____

Purpose of Trip			
Departure Date	Departure Time	Return Date	Return Time

Vehicle Required Yes No Within City Limits Yes No

Pre-Trip Plan(s)	
On-Site Objective(s)	
Anticipated Follow-up	
Approved by Principal	Approved by Superintendent
Date	Date

*Once approved, the destination and location of the field trip cannot be changed.

***** THIS SECTION TO BE COMPLETED BY BUSINESS OFFICE *****			
Date Received		Date Acknowledged	
Approved By		Title	
		Date Approved	

Billing		Date Sent	
	Miles @	Per Mile =	Mileage Total
	Hrs. Overtime @	Per Hour =	Driver Total
Billing Clerk Signature		Total Trip Cost	

Copy Distribution:
 Superintendent; Principal; Teacher/Sponsor; Driver