

Field Trip Cost

Driver =	1 Hour = 20.47
	2 Hours = 40.93
	3 Hours = 61.40
	4 Hours = 81.87
	5 Hours = 102.34
	6 Hours = 122.80
	7 Hours = 143.27
	8 Hours = 163.74
	9 Hours = 184.20
	10 Hours = 204.67

@ \$1.75 a mile

- Driver gets \$15 an hour plus fringes have to be paid is why the cost is more per hour.
- Driver time and mileage starts and ends at the bus garage.
- Driver may have to add time if he/she has to clean the bus.
- Example: Trip that is 120 miles and last 6 hours would cost \$332.80
- If you leave prior to drivers morning route or return after drivers afternoon route you will be responsible for paying sub driver(would be approximately \$40, \$80 for morning and afternoon) Be sure to let us know early to make sure we have a sub for drivers route.
- You would need to leave after 7:45 in the morning and be back by 2:15 not to interfere with their route.

**MONROE COUNTY BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT**

Request of County School Bus – MUST BE MADE ONE WEEK IN ADVANCE OF TRIP

Rates to be Charged:

1. Field Trip - **\$1.75** per mile
2. Athletic - **\$1.25** per mile
3. Driver - **\$15.00** per hour

1. Organization Making Request _____
2. Purpose of Trip _____
3. Number of Persons to be Transported _____
4. Number of Buses Needed _____
5. Destination of Trip _____
6. Date Trip is to be Made _____
7. Time of Day to Leave _____ Time to Return _____
8. Program Responsible for Payment _____

The following signatures are required at least **one week** in advance of trip. Those who sign this document are responsible for the execution of all laws relating to the respective duties of their position and the transportation department of the Monroe County Board of Education and the State of Kentucky.

I do hereby approve this trip and assume the responsibility associated with the trip.

A. Sponsors _____ Date Signed _____

B. Principal _____ Date Signed _____
(Hand Directly to Transportation Director or Assistant Director)

C. Transportation Director _____

D. After trip is confirmed by Transportation Department, a copy will be returned to Building Principal to confirm trip

To be Completed by Transportation Department

Name of Driver _____

1. Number of Miles _____
2. Hours Driver to be Paid _____