

# FIELD TRIP CHECKLIST

- Principal Approval
- Fill out Trip Request Form and send to Assistant Director Steve Calvert at the Transportation Department
- Make sure Transportation Department receive form and have you scheduled
- Complete Employee Request for Professional Leave for day of trip
  - a. This must be done at least one month ahead as all student trips must be approved by the Board**
- Complete Requisition Form for Purchase Order
  - a. # students attending-need a final count a few days prior so checks can be written for correct amount
  - b. If paying restaurant directly while on the student trip a separate request will need to be filled out
  - c. Don't forget to complete a request to the Transportation Department for the cost of the trip which can be calculated by: \$2 per mile + \$17.50 per hour (for the driver)
- After taking all costs into consideration:
  - a. Send home permission slips
  - b. Make sure to let parents know trip cost will be a donation and no refunds will be given as the funds will be used for another trip in the future if cancelled

## Day of trip:

- Post attendance before leaving
- Count students off and on bus
- Take checks/lunches/permission slips

**Trip Request Form****THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.**

Date Requested \_\_\_\_\_ Date of Bus Trip \_\_\_\_\_

Destination \_\_\_\_\_

Pickup Point \_\_\_\_\_

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Round Trip Mileage \_\_\_\_\_

Sponsored By \_\_\_\_\_

Person in Charge \_\_\_\_\_ Number of Chaperones \_\_\_\_\_

Staff member(s) designated to administer medication if necessary: \_\_\_\_\_

Names of Chaperones Designated by the Principal \_\_\_\_\_

Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students?  Yes  No

Number of Pupils \_\_\_\_\_ Budget Code \_\_\_\_\_

Group \_\_\_\_\_  Field Trip Roster sent to School NursePlease check one:  Bus  Van (6 or 7 passengers only)Is this request for:  Competition  Non-Competition

Driver/Bus Number (To Be Assigned by Transportation Manager) \_\_\_\_\_

Approved By \_\_\_\_\_ Principal/designee.

Bus Number/Driver Approved By \_\_\_\_\_, Transportation Manager

Comments: \_\_\_\_\_

\*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and departure, etc.) and give to driver prior to departure.

\*\* Driver has been informed not to depart unless above information is complete and accurate.

Copies: White – File Copy for Principal

Remaining copies to Transportation Manager at Bus Compound.

**RELATED PROCEDURE:**09.36 AP.1 (See section on **TEACHER'S RESPONSIBILITIES**)

09.36 AP.211

Review/Revised:4/23/13



# REQUISITION FORM FOR PURCHASE ORDER

Company/Vendor: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Company Phone # \_\_\_\_\_ Requesting Employee: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Employee Contact #: \_\_\_\_\_  
 \_\_\_\_\_ School/Department: \_\_\_\_\_

Funding Source (Please Check):

Purchase Type (Please Check):

- |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SBDM/SECTION 6 _____<br><input type="checkbox"/> SCHOOL ACTIVITY _____<br><input type="checkbox"/> GRANT _____<br><input type="checkbox"/> MUNIS/OTHER _____<br><input type="checkbox"/> DISTRICT ACTIVITY _____ | <input type="checkbox"/> CKEC VENDOR _____<br><input type="checkbox"/> KPC/KEDC VENDOR _____<br><input type="checkbox"/> STATE CONTRACT _____<br><input type="checkbox"/> TRAVEL REIMBURSEMENT _____<br><input type="checkbox"/> OTHER _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CODE(S):** \_\_\_\_\_  
 \_\_\_\_\_

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST
<b>SHIPPING/HANDLING</b>				
<b>TOTAL REQUEST</b>				

**OFFICE USE ONLY**

Vendor# \_\_\_\_\_

Purchase order# \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Employee

\_\_\_\_\_  
Authorized Signature (Admin/Supervisor)

\_\_\_\_\_  
Superintendent/Designee

