



# TRIP APPLICATION EMPLOYEE OR STUDENT TRIPS

{IF YOU NEED AN ADVANCE, FORM **MUST** BE RECEIVED IN ACCOUNTING **TWENTY (20)** WORKING DAYS PRIOR TO DEPARTURE}

**FORM 295**  
**REV 09-23**

<b>I. GENERAL INFO. ALL TRIPS</b>	<input type="checkbox"/> Employee Trip (Employee Trip Only, No Students)	Regular Student Trip	<input type="checkbox"/> (Paid by Class, Group, etc.)	Extra Curricular Student Trip (Paid by District)
	NAME OF EMPLOYEE		SCHOOL AND GRADE LEVEL	
PURPOSE OF TRIP (WORKSHOP OR IN-SERVICE ATTACH COPY OF BROCHURE & COMPLETED REGISTRATION INFORMATION)				
DESTINATION BUILDING NAME AND ADDRESS		HOTEL INFORMATION	<input type="checkbox"/> N/A	HOTEL PHONE <input type="checkbox"/> N/A ( ) -
DESTINATION CITY AND STATE		DATE(S) OF MEETING OR FIELD TRIP	WORK DAYS MISSED SUB Y N	TOTAL MILES

<b>II. STUDENT TRIP INFO. {student trips only}</b>	DESTINATION CONTACT PERSON'S NAME	NUMBER OF: STAFF _____ STUDENTS _____ OTHER ADULTS _____ TOTAL _____	ADDITIONAL STAFF	SUB REQUIRED	DEPT. or GRADE
	DESTINATION CONTACT PERSON'S PHONE ( ) -			Yes No	
WHO WILL PAY EXPENSES FOR THIS STUDENT TRIP? {check one}				Yes No	
NO COST INVOLVED				Yes No	
EXTRA CURRICULAR PAID BY DISTRICT				Yes No	
NAME OF GROUP PAYING FOR TRIP				Yes No	
DEPARTURE DATE	PICK-UP LOCATION	DEPARTURE TIME <b>MUST</b> be after 9:15 am AM PM	RETURN DATE	RETURN LOCATION <input type="checkbox"/> SAME	RETURN TIME AM PM Bus Day Trips <b>MUST</b> return by 1:40 pm to avoid extra fees.

<b>III. TRANSPORTATION</b> INDICATE QUANTITY WHERE NEEDED	SCHOOL BUS	SCHOOL VAN	SCHOOL CAR	WALKING	TRANSPORTATION ASN
	RENTAL BUS	RENTAL VAN	RENTAL CAR	PERSONAL CAR	
COMMENTS OTHER _____					

<b>IV. ATTENDANCE FEE (S)</b> <b>CHECK ONE</b> {IF YOU CHECK BOX 1 OR 3, SKIP TO SECTION V.}	<input type="checkbox"/> NO FEE (S) INVOLVED	DATE FEE IS DUE	MAKE CHECK PAYABLE TO	FEE ASN	
	<input type="checkbox"/> PLEASE PREPAY ATTENDANCE FEE BY THE DATE INDICATED	FEE AMOUNT \$	MAIL CHECK TO	CK# SCH B.O.	
	<input type="checkbox"/> I HAVE PREPAID ATTENDANCE FEE, I WILL REQUEST REIMBURSEMENT AFTER THE TRIP	CITY	STATE	ZIP	DATE
	MAILING ADDRESS	VEN#			

<b>V. EXPENSES</b> COMPLETE ONLY IF TRIP EXPENSES WILL BE DISTRICT. USE SEPERATE FORM FOR EACH PERSON REQUESTING EXPENSES. COMPLETE SECTION A. PRIOR TO TRIP. COMPLETE SECTION B. AFTER TRIP, EVEN IF YOUR ADVANCE EQUALS YOUR EXPENSES.	<b>A. ESTIMATED EXPENSES &amp; ADVANCE CHECK</b> REIMBURSEMENT APPROVED ONLY FOR EXPENSES LISTED HERE	<b>B. ACTUAL EXPENSES - MONETARY SETTLEMENT</b> COMPLETE & RETURN AFTER TRIP *YOUR ACTUAL TRANSPORTATION COSTS MILEAGE CALCULATION or GAS COST WITH RECEIPT \$ _____ *ACTUAL EMPLOYEE MEAL COSTS \$ _____ *ACTUAL STUDENT MEAL COSTS, ATTACH STUDENT LIST & AMOUNTS GIVEN \$ _____ *ACTUAL HOTEL COSTS \$ _____ *ACTUAL ATTENDANCE FEE COSTS (LIST ONLY IF PAID BY EMPLOYEE) \$ _____ SPECIFY *ACTUAL OTHER (SUBS) \$ _____ TOTAL \$ _____ * RECEIPTS ARE REQUIRED AMOUNT OF ADVANCE \$ _____ FUNDS NOT COVERED BY ADVANCE (OWED TO TRAVELER) \$ _____ FUNDS LEFT OVER FROM ADVANCE OWED TO DISTRICT (ATTACH CHECK) \$ _____	<b>TRAVEL ASN</b> DATE CK# SCH B.O. VEN# PERSONAL AUTO MILEAGE CALCULATION MILES DRIVEN IRS RATE PER MILE MILES TIMES RATE
	* ESTIMATED SUB COSTS \$ _____ * ESTIMATED TRANSPORTATION COSTS \$ _____ * ESTIMATED EMPLOYEE MEAL COSTS \$ _____ ESTIMATED STUDENT MEAL COSTS \$ _____ * ESTIMATED HOTEL COSTS \$ _____ * ATTENDANCE FEE COSTS \$ _____ * ESTIMATED OTHER COSTS \$ _____ * TOTAL ESTIMATED COSTS \$ _____ <b>*RECEIPTS ARE REQUIRED</b> NEED ADVANCE; \$25 Minimum Required NO YES _____ (Do not include in your advance request, any expenses already paid by District)	<b>CHECK ONE</b> <input type="checkbox"/>	

<b>VI. SIGNATURES &amp; APPROVALS</b>			
_____ PRINCIPAL	_____ DATE	_____ EMPLOYEE MAKING TRIP	_____ DATE
_____ EXECUTIVE DIRECTOR SEC/ELE/SP ED	_____ DATE	_____ DEPARTMENT HEAD / TEAM LEADER	_____ DATE
_____ SUPERINTENDENT OF SCHOOLS	_____ DATE		