Clint Independent School District
Student Development/Tutoring Bus Requisition Form

eForm

Attachments: ☐ Completed Registration Form ☐ Lodging Information ☐ Special Requests

Traveler Information		
Campus/Department:	Name of Student Group:	Pick Up Site:
Destination:	Event Name:	Date: Time:
Reason for Trip:	Event Site:	Drop Off Site:
Registration Deadline:	Event Dates: To	Date: Time:
Number of Students:	Event Times: To	Additional Sponsor(s) Names:
Number of Sponsors:	Lead Sponsor Name: Cell Phone:	
If additional stops are needed (lunch, dinner, etc.), please list the location(s), names and addresses and provide the time frame for the stop in this area. If tutoring, add dates here.		

Please Note:
When traveling out of town, include the meal and overnight stay for any bus drivers needed. Contact the Transportation Department for estimates or bus travel information. Please review the student roster information on page 2 and included on the student roster. Rosters must be accurate.

Trip Cost Information							
Expense Type						Estimated Cost	Account Codes
Cost of Registration	Registration Amount _____		# of Registrations _____			$ 0.00	
Cost of Airfare	Airfare Amount _____		# of Tickets _____			$ 0.00	
Cost of Lodging	Rate + Tax _____	# of Days _____	# of Rooms _____			$ 0.00	
Bus cost per mile	Rate $ 1.85	# of Miles _____	# of Buses _____			$ 0.00	
Bus Driver Cost	Rate $ 16.15	# of Hours _____	# of Drivers _____			$ 0.00	
Minibus Cost	Rate $ 75.00	# of Vehicles Requested _____				$ 0.00	
Other Expense/ Tutoring Bus Rate							
Transportation/Lodging Subtotal						$ 0.00	
Meals Are based on Away from District at Specified Times Listed Only ->	# of Breakfasts _____ 6:00 AM through 11:00 AM	$ 8.00				$ 0.00	
Note: Refer to Travel Guidelines & Procedures to prorate meal amounts as allowable.	# of Lunches _____ 11:00 AM through 2:00 PM	$ 12.00				$ 0.00	Comments:
	# of Dinners _____ 2:00 PM through 8:00 PM	$ 15.00				$ 0.00	
Meals Subtotal						$ 0.00	
Total Estimated Cost						$ 0.00	

Lead Sponsor & Supervisor

By signing this form, you acknowledge that all UIL and/or district eligibility guidelines have been reviewed and are in compliance, and all required parent authorizations have been received and are on file.

By signing this form, the employee receiving a travel advance agrees if the required CISD travel expense clearance form is not completed and submitted within 10 days after completion of travel, repayment will be made to the District via a deduction from that employee's paycheck. The amount may be up to the full amount of the original disbursement. After all travel arrangements are completed, travel documents will be forwarded via e-mail.

Lead Sponsor Signature: _____ Sponsor Name: _____ Date: _____

Supervisor Signature: _____ Supervisor Name: _____ Date: _____

Student Signature: _____ Student Name: _____ Date: _____

Student Signature: _____ Student Name: _____ Date: _____

Student Signature: _____ Student Name: _____ Date: _____

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Note: Field trips are defined as any student trip not related to UIL or Co-Curricular Competitions.

Lead Sponsor Name:	Grade Level:
Campus / Department:	Subject:
TEKS(s) Addressed:	
Lesson(s) Objectives:	
Trip Relationship to TEKS(s) & Lesson(s) Objectives:	
Prior Classroom Activities related to trip:	
Follow-up activities to evaluate trip:	
What provisions for a meaningful alternative activity will be provided for the student(s) who can not participate?:	
Was this trip included as part of your campus CIP? ◯ Yes ◯ No	

Accurate student rosters are required. You may use the roster below or attach a Skyward roster. In some cases the roster must be updated or changed, but should be minimal and should not become a practice. If changes are made to the roster, after the trip purchase order has been approved, please obtain approval to update the roster and attach a second (updated roster) to the request. If the Athletic Department issues the purchase order, please request approval and submit the new updated roster, via e-mail to them, and they will attach the second (updated) roster to the purchase order. If student numbers change dramatically, please inform the Transportation Department. The change in students attending may change the number or type of bus used for the trip. If changes were approved to the roster, the checks needed for meals may have already been issued. The difference (plus or minus) will be settled when the trip is cleared. Again, this should not become a practice and should only occur in very few cases. Only students listed on the roster should be attending the requested event or trip. Safety and eligibility are very important and accurate data must be submitted at all times.

Clint Independent School District
Student Development Roster

eForm

*Note: You may print a roster directly from Skyward in lieu of this form. *Addresses only required for tutoring.*

No.	Last Name	First Name	Student ID #	Street Address*	Gender
1.					Male Female
2.					Male Female
3.					Male Female
4.					Male Female
5.					Male Female
6.					Male Female
7.					Male Female
8.					Male Female
9.					Male Female
10.					Male Female
11.					Male Female
12.					Male Female
13.					Male Female
14.					Male Female
15.					Male Female
16.					Male Female
17.					Male Female
18.					Male Female
19.					Male Female
20.					Male Female
21.					Male Female
22.					Male Female
23.					Male Female
24.					Male Female
25.					Male Female
26.					Male Female
27.					Male Female
28.					Male Female
29.					Male Female
30.					Male Female
31.					Male Female
32.					Male Female

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