



Bamberg County School District

FIELD TRIP/TRANSPORTATION VEHICLE RESERVATION REQUEST

Date of Request: _____ Teacher Requesting Vehicle: _____

Date of Trip: _____ Destination of Trip: _____

Group: _____ Total Roundtrip Miles: _____

Departure Time: _____ Return Time: _____

Purpose of trip and/or activities: _____

Number of Passengers (Elementary limit - 60, Middle/High limit - 40): _____

Student/Chaperone Ratio: _____ **List Names of Teachers/Chaperones on page two.

A. Total bus mileage x 1.46 per mile \$ _____ Account Number _____

B. Total bus driver salary rate x _____ (hrs) \$ _____ Account Number _____

C. Total Cost (A+B) \$ _____

- **Note:** 1. The principal must approve an educational field trip. Out-of-state or overnight trips also require approval from the Superintendent and School Board.
2. With the principal's approval, this form should be submitted to the Superintendent's office at least 10 days prior to the scheduled trip to reserve a vehicle. Upon approval, a copy will be returned to the principal, the transportation supervisor, food service director and requesting teacher.
3. The Food Service Director should be notified of the trip.

PRINCIPAL'S SIGNATURE: _____ DATE: _____

PROGRAM DIRECTOR'S SIGNATURE: _____ DATE: _____

ATHLETIC DIRECTOR'S SIGNATURE: _____ DATE: _____

(For Athletic Department Events)

CHIEF FINANCIAL OFFICER'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

TRANSPORTATION DIRECTOR'S SIGNATURE: _____ DATE: _____

Date Received by District Office: _____

Approved _____ Denied _____

BOARD APPROVAL DATE (If out-of-state or overnight trip): _____

****LIST NAME OF BUS DRIVER(S) ON PAGE TWO****

NAMES OF TEACHERS/CHAPERONES (*Chaperone forms must be completed & approved 10 days prior to trip*)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

NAMES OF APPROVED BUS DRIVER(S)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____