**Hazlehurst City School District**
*Excellence is the Expectation*
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US
**TRANSPORTATION DEPARTMENT**

## FIELD TRIP TRANPORTATION COST REQUEST

Please complete the form below and submit to Ms. Smith in Transportation to receive an accurate total cost for transportation for your field trip. This cost should be included in the total cost that each student has to pay for the field trip. You may email the form to: **bsmith@hazlehurst.k12.ms.us**, bring it by central office, and/or have your campus' office manager to submit it to the transportation department on your behalf.

Date of Trip: _____

Estimated # of students going: _____ Grade Level:_____

Where are you traveling to:
_____

Address: _____
_____
_____

Are you traveling to another location for lunch? YES NO

If yes, where? _____

Address: _____
_____
_____

Time Departing School: _____

Time Returning to School: _____
*(During a regular school day you must return by 2:30 p.m.)*

Request submitted by: _____

Brittany Smith
Hazlehurst City School District
Accounts Payable Specialist | Transportation Clerk