Seneca Falls Central School District

Shelley Dyson - Transportation Supervisor
2 Butler Ave, Seneca Falls, New York 13148
Transportation Department- Field Trip Request Form
Email requests to dispatcher - abennett@senecafallscsd.org

Date:_____ **Pick up location**:_____

Pre-trip: _____ (**office use)** **Group***:* _____
Leave Time: _____
Return time:_____ *# Students:*_____ *#Adults:*_____

DESTINATION: _____Address:_____

*# of Buses:*_____ ***Is this trip being paid with a grant?*** _____

Person in Charge: _____ *Phone:* _____

APPROVALS:

Principal: _____ Date: _____
Business Manager or
Superintendent: _____ Date: _____

****FOR TRANSPORTATION DEPARTMENT USE ONLY****

BUS DRIVER REPORT:

IN: _____ ***OUT:***_____

HRS:_____ ***MIN:***_____

MEALS: *$5 (8-9am), $10 (Noon-1PM), $15 (5-6PM)*

*Breakfast:*_____ Lunch:_____ *Dinner:* _____
You must be on duty for the entire hour to be eligible to claim the meal allowance. Subs must provide a receipt.
You can't claim meals for trips within Seneca County

END MILEAGE: _____
START MILEAGE:_____
TOTAL TRIP MILES:_____

*Thruway on entrance:*_____ Off exit:_____
*Thruway on entrance:*_____ Off exit:_____

Driver Checklist:
___ Wash & sweep bus, empty garbage
___ Always fill fuel tank upon return
___Return key & EZ-Pass to garage

Driver: _____

Bus #: _____

Organization or Club paying for trip:

*Name:*_____ *Phone:*_____

Billing address:_____

Mi: _____ **@ $1.70/mi. =** _____
Hrs: _____ **@ $23.43/hr. =** _____
Meals: _____
Tolls: _____
Total cost:_____

Classification Acct Code:
Sports- A 5510.160-00-0014____
Music- A 5510.160-00-0013____
Other- A 5510.160-00-0015_____
Grade K-2 A 5510.160-02-0011_____
Grade 3-5 A 5510.160-01-0011_____
Grade 6-8 A 5510.160-05-0012_____
Grade 9-12 A5510.160-04-0012_____