

**FIELD TRIP/SCHOOL BUS REQUEST FORM & VOUCHER
LANETT CITY SCHOOLS**

(TRIP REQUEST MUST BE RECEIVED BY SUPERINTENDENT "5 DAYS" PRIOR TO TRIP)

TO BE COMPLETED BY SPONSOR

SCHOOL _____ DATE _____

DATE OF TRIP _____ DESTINATION _____

SPONSOR _____ CHECK () Academic () Band () Athletics

PURPOSE OF TRIP _____

*Does the trip require a nurse? _____ Please contact the school nurse at 644-5961 to schedule

Which mode of transportation will be required?
____ School Bus ____ School Truck ____ School Car ____ Charter Bus ____ Special Needs Bus

If using school bus, please complete section below

NUMBER OF STUDENTS _____ NUMBER OF CHAPERONES _____ NUMBER OF BUSES _____

DEPARTURE TIME _____ RETURN TIME _____ DISTANCE ONE WAY _____

EMERGENCY EVACUATION LEADER _____ (TEACHER)

EMERGENCY EVACUATION HELPERS

STUDENT _____ STUDENT _____

TRIP TO BE PAID BY _____ DRIVER(S) NEEDED () YES () NO

DRIVER (If you are providing) _____

TO BE COMPLETED BY DRIVER

DRIVER'S NAME _____ BUS # _____ DATE _____

ODOMETER: PRE TRIP _____ POST-TRIP _____ TOTAL MILES _____

DEPARTURE TIME _____ RETURN TIME _____ TOTAL TIME _____

TO BE COMPLETED BY THE TRANSPORTATION DIRECTOR

FUEL COSTS: TOTAL MILES _____ X \$ 1.85 = \$ _____

DRIVER WAGES: TOTAL HOURS _____ X \$ 12.50 = \$ _____

TRANSPORTATION DIRECTOR'S SIGNATURE _____ DATE _____

TRIP APPROVAL

SPONSOR _____ DATE _____

PRINCIPAL _____ DATE _____

SUPERINTENDENT _____ DATE _____