

## 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 \$ 1.35 = \$ \_\_\_\_\_

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

TRANSPORTATION DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### TRIP APPROVAL

SPONSOR \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_