

Elmore County Public Schools
Athletic/Extracurricular/Field Trip
Authorization Report Trip # _____

School: _____ Subject Area/Group: _____

Teacher/Coach: _____ Cell Number: _____

Purpose of the Trip: _____

Destination of Trip: _____ Date of Trip: _____

Departure Time: _____ Return Time: _____

Group Size: _____ Number of Chaperones: _____

Driver's Full Name: _____ Last 4 Digits of SSN: _____

Mileage: _____ Bus: # _____

Odometer Ending Mileage: _____

Odometer Beginning Mileage: _____

Total Miles Traveled: _____ @ \$1.75/mile = \$ _____ Bus Operation Cost

\$ _____ Driver Cost (include benefits)

\$ _____ **Total Cost**

_____ **Check Number**

Pay rate for Drivers (for up to 6 hours) is \$130.00. (Additional \$24.83 must be included for the cost of benefits.) Total cost is **\$154.83**. For trips over 6 hours, there will be an additional cost of \$21.67 per hour and \$4.14 per hour for cost of benefits for a total of **\$ 25.81 per hour over the 6 hour limit.**

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I certify that the above trip and the total hours indicated were made as authorized.

Teacher: _____

Driver: _____

Principal: _____

It is the Teacher/Coach responsibility to see that all monies for trips are turned in to the school Bookkeeper before the following payroll for drivers and operational costs to be paid promptly.