

**School-Related Student Trip Request Form****Section 1** (To be completed by requesting organization – Please fill out a separate form for each bus.)Date of Request 4/13/15 Date of Event 4/24 - 4/26Organization Softball School TCCHS

Type of Trip (Circle One)

In-County Instructional

In-County Athletic

Other: (Explain in detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-of-State Athletic

Destination (event and/or place) Owensboro, KYPlanned Stops to and from SeveralNumber of passengers 25 Date and Time of Departure 4/24 1:00 pmDeparting location TCCHS Annex Date and Time of Return 4/26 5:00 pmReturning location TCCHS Annex Chaperones CoachesChaperones' Cell Phone # (202) 604-3949

Please explain how this trip correlates with the unit of study \_\_\_\_\_

Special Requests (Driver, Type Bus, Handicap Access, etc.) \_\_\_\_\_

Trip Requested By: L. Brisbane

Driver Assigned \_\_\_\_\_ Bus # \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative Epkeed S. Titik Jennie R**District Use Only****Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**Driver – Turn in this Information with Timesheets****Section 3**

Date/Time Departure \_\_\_\_\_ Odometer Start \_\_\_\_\_

Date/Time Return \_\_\_\_\_ Odometer Ending \_\_\_\_\_

Mileage Cost – total miles X \$1.50 per mile = \_\_\_\_\_

Driver Payment – total hours X \$10.50 per hour (Minimum two hours) = \_\_\_\_\_

Total Invoiced Amount \_\_\_\_\_ Invoiced to \_\_\_\_\_

Invoice Date \_\_\_\_\_ Payment Amount received \_\_\_\_\_ Payment Date \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments \_\_\_\_\_

Review/Revised: 9/10/12