

STUDENTS

09.36 AP.21

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 2-19-16

Date of Event 4/22/16

Organization KPREP Rewards Trip

School TCM5

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) Nashville, TN Nashville Zoo

Planned Stops to and from None

Number of passengers 85 Date and Time of Departure 4/22/16

Departing location TCM5 Date and Time of Return 4/22/16

Returning location TCM5 Chaperones LeAnn Russell, Kadi Ralston, Dorene

Chaperones' Cell Phone # 931-624-0712 Woodard, Ashley Thomas, Josh Watkins

Please explain how this trip correlates with the unit of study Kadi Ralston, Bo Bailey, Kim Rager, Chelsea Adams, Kelli Templeman

Student Reward trip for academic performance.

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

Trip Requested By:

Driver Assigned Bus #

Organization Responsible for Payment

Approval of Site Based Council Representative J. B.

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