

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 March 24, 2016

Date of Event April 30

Organization GT - 21<sup>st</sup> Century

School All Schools - District Wide

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) Discovery Center of America Union City, TN

Planned Stops to and from \_\_\_\_\_

Number of passengers 30 plus

Date and Time of Departure \_\_\_\_\_

Departing location TCMS

Date and Time of Return \_\_\_\_\_

Returning location TCMS

Chaperones USA Petrie

Chaperones' Cell Phone # 270 4980452

Please explain how this trip correlates with the unit of study science, art + social studies standards

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

Trip Requested By: Lisa Petrie

Driver Assigned \_\_\_\_\_

Bus # \_\_\_\_\_

Organization Responsible for Payment GT - BUS travel

21<sup>st</sup> - Driver

Approval of Site Based Council Representative \_\_\_\_\_

**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

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 March 24, 2016

Date of Event May 24, 2016

Organization GT - 21st Century

School TCMS All District

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) Boxy - Shrek the Musical

Planned Stops to and from Fanali's

Number of passengers 25+

Date and Time of Departure 4:00 5/24

Departing location TCMS

Date and Time of Return 10:00 5/24

Returning location TCMS

Chaperones Lisa Petrie + Marla Gillespie

Chaperones' Cell Phone # 270 498-0452

Please explain how this trip correlates with the unit of study Theater - Drama Standards

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

Trip Requested By: Lisa Petrie

Driver Assigned

Bus #

Organization Responsible for Payment GT

Approval of Site Based Council Representative

**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 = \_\_\_\_\_

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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