

## 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 8/14/17

Date of Event Friday, Sept. 8<sup>th</sup>

Organization FMD TCMS/TCCHS

School TCMS, 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

Western Kentucky Fairgrounds Hopkinsville, KY (event and/or place)

Planned Stops to and from None

Number of passengers 41

Date and Time of Departure 9/8/17 8:30

Departing location TCMS/TCCHS

Date and Time of Return 9/8/17 12:30

Returning location TCCHS/TCMS

Chaperones 9

Please explain (1) how (2) this trip correlates with the unit of study CBI

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

Trip Requested By: Heather Key

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

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

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

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

### Section 2

#### District Use Only

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

Date \_\_\_\_\_

### Section 3

Driver - Turn in this Information with Timesheets

Date/Time Departure \_\_\_\_\_

Odometer Start \_\_\_\_\_

Date/Time Return \_\_\_\_\_

Odometer Ending \_\_\_\_\_

Mileage Cost - total miles X \$1.15 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 and d/do not wish to accept payment for this trip.

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

Date \_\_\_\_\_

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