

SchoolRelated Student Trip Request Form

Section 1 (To be completed by requesting organization – Please fill out a separate form for each bus.)

Date of Request January 2, 2020 Date of Event Jan. 26-28, 2020

Organization GT 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 | |
| X Out-of-State Instructional | Out-of-State Athletic | |

Destination (event and/or place) Paoli, Indiana

Planned Stops to and from only for personal needs/ lunch

Number of passengers 6 Date and Time of Departure Jan 26, 2020 10:00 AM

Departing location TCCHS Date and Time of Return January 28, 3:00 PM

Returning location TCCHS Chaperones Lisa Petrie/ Lee Ann McCuiston

Please explain how this trip correlates with the unit of study Leadership workshops/retreat

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

Trip Requested By: Lisa Petrie

Driver Assigned _____ Bus # _____

Organization Responsible for Payment _____

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 \$1.15 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 _____