

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 January 2, 2020 Date of Event February 13-15, 2020

Organization GT School TCCHS

Type of Trip (Circle One)

In-County Instructional In-County Athletic Other: (Explain in detail)
X Out-of-County Instructional Out-of-County Athletic
Out-of-State Instructional Out-of-State Athletic

Destination (event and/or place) Lexington, KY Hyatt Regency

Planned Stops to and from only for personal needs/ lunch

Number of passengers 6 Date and Time of Departure February 13, 2020 7:45 AM

Departing location TCCHS Date and Time of Return February 18, 2020 3:00 PM

Returning location TCCHS Chaperones Lisa Petrie/ Lee Ann McCuiston

Please explain how this trip correlates with the unit of study Leadership forum/ training

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 _____