

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 1/21/10 Date of Event 5/17/10
Organization 8th Grade School TCMS

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 county -
Out-of-State Instructional Out-of-State Athletic read

Destination Holiday World (event Santa Claus, IN and/or _____ place)

Planned Stops to and from NONE

Number of passengers 150 Date and Time of Departure TBA approx 6:00AM

Departing location TCMS Date and Time of Return TBA @ 8:00

Returning location TCMS Chaperones _____

Please explain how this trip correlates with the unit of study _____

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

Trip Requested By: Lisa Petrie / eighth grade teachers

Driver Assigned _____ Bus # _____

Organization Responsible for Payment 8th

Approval of Site Based Council Representative Annelle Wozniak

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 _____