Outside Group Trip Request

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

F Organization Name	Florence Baptist Chu		Date of F	Reanest	1/26/22 8/10/17
Organization Address	642 Mt. Zio	on Rd. Flore	nce, Kentu	icky 4104	-2
Organization Phone Nun	859-371-7141				
-	Donna Knott	Contact	Cell Phone	859-801	-1073
Contact Name	Defy in Florence		Trip	March 4	
Destination Phone #			, , ,		
Destination Phone # Destination Address	4999 Ho	uston Rd. Fl	orence, Ky	. 41042	
Destination Address Destination Instructions _	Pick	up at Churc	h, drop off	at Defy	
T 1! T 1!	Florence	e Baptist Ch	urch		
Loading Location 8:30 Loading Time	lpm De	parture Time	8:4	15 pm	<u> </u>
Loading Time at Event _	Departure Time from Event				
Return Time					
Ap Number of Passengers	ppx 200		of Buses re		4
Additional Comments	We only need the I	ouses for on	ie way. (Pa	rents pic	king up)
PO Number					
	For Transp				
• The first of the state of the state of the	FOI Trails	ortation use	Only	ad disk disker i	
Trip Approved by				Supe	wintendant's Office
Date Received				nber	
Internal Approval			mp wan		
Date Estimate Sent		— Email	Data Assign	ad	
Date Billed		Listali	Date Wasigin		
Date billed					
	bmit Pr	ini'	Rese		

FIELD TRIP ESTIMATE WORKSHEET

Outside Groups

- Fill in all of the blue boxes.
- Round the Trip Time to the nearest 15 minutes.
- Trip Time must be entered as fraction of the hour for this page only (15 minutes = .25, 30 minutes = .50, 45 minutes = .75).
- Use google maps to determine estimated round trip mileage.
- Administrative Time includes time for the driver to pre-trip the bus.
- Additional time will be billed if the interior of the bus/buses require cleaning after the trip.
- A different route may be taken as we will be ensuring the route is accessible for a school bus.
- Estimate will always start with Administrative Time figured in.

A formal estimate will be sent to you approximately 2 weeks prior to the field trip. If you need any assistance,

Please contact Nick Greer ext. 25211 or call 859-384-5340.

Hourly Rate	\$ 40.00		
Mileage Rate	\$ 4.10		
Administrative Time	0.75		
Trip Hours	1		
Round Trip Mileage	22.4 (4 x 5.6 miles)		

Estimated Cost

Total Estimated Cost	\$ 0.00		
# of Buses Requires	4		
Per Bus Cost	\$ 30.00		
Mileage Fee	\$ 0.00		
Time Charge	\$ 30.00		

Outside Group Trip Request

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

Organization Name	Florence Baptis	st Church	Date of	'Request	1126122 - 8/10/17	
Organization Address	Date of Request					
Organization Phone Nur	859-371-7147 inber	1				
Contact Name	Donna Knott	Cont	act Cell Phon	859-80 ie	01-1073	
Destination Name			~F			
Destination Phone #	71.0	859-3	31-0880	14 4404		
Destination Address Destination Instructions	71 Orph	nanage Rd.	Ft. Mitchell,	Ky 4101	7	
Loading Location	642 Mt. Zion	Road, Flore	ence, Ky. 410)42 		
Loading Time	0 pm	Departure Ti	12 me	2:45 pm	_	
Loading Location 12:3 Loading Time Loading Time at Event 3:30 Return Time Number of Passengers	3:00 _{pm}	Departure Ti	me from Eve	nt	3:15 _{pm}	
Return Time	pm					
Number of Passengers	40 	Num	ber of Buses 1	requested		
Additional Comments						
PO Number						
	For Trai	nsportation U	lse Only			
Trip Approved by		~~~		Su	perintendant's Offic	ce
Date Received			Trip Nu	ımber		
Internal Approval						
Date Estimate Sent	Fax	Email	Date Assig	ned		
Date Billed	·····					
						
	16.6.12	Brint	Dat			

FIELD TRIP ESTIMATE WORKSHEET

Outside Groups

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Hourly Rate	\$ 40.00
Mileage Rate	\$ 4.10
Administrative Time	0.75
Trip Hours	3.75
Round Trip Mileage	20miles

Estimated Cost

Estimated Cost			
Time Charge	\$ 30.00		
Mileage Fee	\$ 0.00		
Per Bus Cost	\$ 30.00		
# of Buses Requires	1		
Total Estimated Cost	\$ 0.00		

Outside Group Trip Request

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Organization Name	Florence Baptist	Church	_Date of Reques	1126122 st = <u>8/10/</u> 17
Organization Address	642 Mt. Zion Boad Florence Kv. 41042			
Organization Phone Nur	859-371-7141		The state of the s	A LA PROPRIESTO CONTRACTOR CONTRA
-		Contact C	Cell Phone M	801-1073
Contact Name Destination Name				arch 5th
Destination Phone #		859-474-0	0467	
Destination Address	7725 Fou	ndation Dr. Fl	orence, Ky. 41	042
Destination Address Destination Instructions	P/U at church, dr	op off at MP/	P/U at MP dro _l	o off at church
Loading Location	Florenc	e Baptist Chu	rch	
Loading Time	O pm De	eparture Time_	12:45 pm	`
Loading Location	3:00pm De	eparture Time f	rom Event	3:15 pm
Return Time3:30	$\frac{10}{p_{M}}$			
Number of Passengers _	40 	Number o	f Buses requeste	1 ed
Additional Comments				
PO Number				
	For Trans	oortation Use O	nly	
		, , , , , , , , , , , , , , , , , , , ,		
Trip Approved by				Superintendant's Office
Date Received			Trip Number_	
Internal Approval				
Date Estimate Sent	Fax	Email D	ate Assigned	
Date Billed				
	ıbmit Pi	lint	Reset	

FIELD TRIP ESTIMATE WORKSHEET

Outside Groups

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Mileage Rate			
Administrative Time	0.75		
Trip Hours	3.75		
Round Trip Mileage	20miles		
1100114 1115 11110480			

Estimated Cost

Total Estimated Cost	\$ 0.00		
# of Buses Requires	1		
Per Bus Cost	\$ 30.00		
Mileage Fee	\$ 0.00		
Time Charge	\$ 30.00		