Field Trip Approval/Vehicle Request Form

STUDENTS 09.36 AP.21

DATE SUBMITTED FOR APPROVAL ____/____/_____

SCHOOL _____FACULTY SPONSORS_____

DATE(S) OF TRIP _____NO. OF STUDENTS _____NO. OF CHAPERONES _____ TOTAL NO. _____

DEPARTURE TIME _____RETURN TIME _____

DESTINATION _____ ADDRESS _____

☐ In-district ☐ Out of district ☐ Out of State ☐ Overnight: If overnight trip, provide lodging information below:

Hotel Name _____Address _____School/District PO# _____

TYPE OF TRIP (CHECK ONE): ☐ Classroom Field Trip; Provide class subject/grade _____
☐ Organization/Club Trip; Specify name of organization/club_____
☐ Other (athletic, band, if applicable) Provide detailed description _____
☐ State Competition _____ ☐ National Competition_____

PURPOSE OF TRIP: DESCRIBE THE PURPOSE OF THE TRIP (HOW IT IS RELATES TO COURSE OF STUDY, EDUCATIONAL VALUE, ETC.) _____

BILL TRIP EXPENSES TO: (Check One) ☐ Board (General Fund, Athletics, Preschool, etc.) MUNIS Code _____-_____-_____
☐ School activity Fund (Provide Purchase Order Number) _____
☐ Other: Provide: Contact Name_____Address _____
Phone Number_____

Estimated Mileage Cost: Est. Miles _____ x $1.00= $_____ Estimated Driver Cost: Est. Hours _____ x $10.00= $_____

Total Estimated Cost: $_____ **The Board will pay $2.25 of mileage costs for ALL trips.

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES.

MODE OF TRANSPORTATION (CHECK ONE)

☐ District-owned school bus (If more than one, please specify) _____ ☐ Private vehicle, if allowed by policy; specify driver(s) _____

☐ Certificated common carrier; specify _____ ☐ Check here if luggage, equipment, projects, etc. will be transported.

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ YES ☐ NO

APPROVAL AUTHORITY (THIS FORM MUST BE APPROVED BY ALL PARTIES BEFORE A BUS WILL BE DISPATCHED.)

FACULTY SPONSOR _____ DATE _____

PRINCIPAL/SCHOOL COUNCIL _____DATE _____

PROGRAM DIRECTOR _____DATE _____

TRANSPORTATION DIRECTOR_____ DATE _____

SUPERINTENDENT/DESIGNEE _____ DATE _____

TRIP DENIED FOR THE FOLLOWING REASON(S) _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. **RELATED PROCEDURES:**09.36 AP.211, 09.36 AP.23

INVOICE

Name of Driver _____ Signature of Driver _____ Employee # _____
Destination_____ Actual Date of Trip_____
Beginning Mileage _____ Ending Mileage _____ Departure Time _____ Return Time_____
Total Miles_____ Total Hours_____
Sponsor/Teacher/Coach Signature: _____Date_____
Approval for Payment Signature: _____Date _____

Payroll Use Only:	**Amount to be charged to group:**
*Hours Paid at Contract Rate _____	*Contract Rate Hours + Trip Rate Hours = _____
*Hours Paid at Trip Rate of $10.00 _____	x $10.00 per Hour = $_____
Hours Paid at Overtime Rate of $15.00 _____	Overtime Hours _____ x $15.00 = $_____

Field trips are billed at $3.25 per mile. The Board will pay $2.25 per mile for ALL trips and the corresponding group/team will pay $1.00 per mile. Drivers are paid at $10.00 per hour (plus any applicable overtime wagers). *** Driver may charge one hour to clean and fuel bus.** **Board Approved 9/23/19 / Effective 9/24/19**