



FIELD TRIP TRANSPORTATION REQUEST

TODAYS DATE: ___/___/___

FIELD TRIP DATE: ___/___/___

SCHOOL/ACADEMY: _____

REQUESTED BY: _____

Please print

TRIP DESTINATION: _____

STREET ADDRESS, CITY OR TOWN

GRADE(S): _____

NUMBER OF STUDENTS: _____

NUMBER OF STUDENTS ON WHEEL CHAIR: _____

NUMBER OF TEACHERS/CHAPERONS: _____

DEPARTURE TIME FROM SCHOOL: _____

DEPARTURE TIME FROM FIELD TRIP LOCATION: _____

SOURCE OF TRANSPORTATION FUNDING: _____

SOURCE OF ACTIVITY FUNDING: _____

PURPOSE OF TRIP: _____

Requested by Signature

() Approve () Disapprove

School Principal

() Approve () Disapprove

Administrator in Charge

NOTE: Any out of state field trip must first be approve by the Superintendent of Schools.

Please do not write below this line

Number of buses: _____

Quote per bus: _____

Total quote: _____

PO Number: _____

Check#: _____

Check amount: _____

Date Received: _____

Carrier Assigned: _____

Invoice Number: _____