FIELD TRIP / SPECIAL BUS
TRANSPORTATION REQUEST

Today’s Date: _____        Date of Trip: _____

Group Taking Trip: _____

No. of Students: _____      No. of Adults: _____      No. of Buses: _____

Departure Time from School: _____      Return Time to School: _____

PLEASE CALL FOR PRE-APPROVAL IF TIMES FALL AT MORNING PICK UP (BEFORE 9:00) OR AT AFTERNOON DISMISSAL (AFTER 2:00)

Destination: _____        Phone: _____

Complete Address: _____

Chaperone in Charge of Trip: _____        Department: _____

Department Chair: _____

Expenses Charged to (if different than the above mentioned department): _____

For office use only:

| No. Hours | No. Miles | Estimated Cost *
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pay/benefits mileage substitute + meal

BUILDING ADMINISTRATOR USE

Approval of Building Administrator: _____        Date: _____

TRANSPORTATION COORDINATOR USE

Your request for the above trip has been _____.
Per _____, Transportation Coordinator        Date: _____

PLEASE READ

All approved trips should be confirmed by the chaperone two (2) days in advance as a reminder.

If you do not get this form back from the Transportation Coordinator, then the process has not been completed. Please call the Transportation Office for details.

You may print a hard copy of this form for your records.