

2022-2023

FIELD TRIP ACCOUNTING FORM

This form must be completed by the Office Manager with the help of the requesting instructor and Johnson Bus Company after the Principal's approval of the TEACHER REQUEST FOR BUS FOR FIELD TRIP (page 2 of this form). Office Managers - Please return this form to District Office - Attn: Accounts Payable Coordinator for ALL field/class trips as soon as bank deposit is made, but no later than one (1) week following the trip.

GENERAL INFORMATION

Date of field trip _____
Field trip destination _____
Number of buses needed _____

TRANSPORTATION COST (per bus)

A. Hourly rate: \$21.02 X _____ = \$ _____ (A)
B. Mileage: \$1.48 (71 person capacity) X _____ = \$ _____ (B)
C. Service charge: (\$6.56 per bus) \$ 6.56 (C)
D. Cost per bus (A + B + C) \$ _____ (D)
E. Total transportation cost (# of buses X (D)): \$ _____ (E)

ADMISSION COST

F. Student fee: _____ # students X _____ = \$ _____ (F)
G. Adult fee: _____ # adults X _____ = \$ _____ (G)
H. Total admission cost (F + G): \$ _____ (H)

TOTAL FIELD TRIP COST

I. Total field trip cost (E + H) \$ _____ (I)

COST PER PERSON

J. Breakdown cost per person (I ÷ # attending) \$ _____ (J)

SCHOOL OFFICE VERIFICATION

(Complete after the trip is taken and return to the District Office within one week)

Field Trip Deposit Date _____ Deposit Amount \$ _____ # Refunds _____ Refunds Amount \$ _____

Principal Signature _____ Date _____

DISTRICT OFFICE VERIFICATION

(Form is to be attached to bus bill following verification)

Actual bus cost _____
Less estimated transportation cost (E above) _____
Estimation Difference _____ Over or Under (Estimated cost)

FORWARD ORIGINAL TO ACCOUNTS PAYABLE. KEEP PHOTOCOPY FOR YOUR RECORDS.