

2018-2019
TEACHER REQUEST FOR FIELD TRIP TRANSPORTATION

Please complete and send to the Superintendent at least 21 days before the actual trip.

Name of school _____

Name of teacher _____

Name of person responsible In case of an emergency

Grade of group _____

Number of students _____

Number of buses _____

Date(s) of trip _____

Departure point _____

Destination _____

Estimated distance _____

Time leaving school _____

Time leaving event _____

Time returning to school _____

Chaperones: _____

Non Employees must have an
Approved Volunteer Background
Check on file with the School
District at least one week prior
To field trip

Comments: _____

Reason for trip _____

Signature of Principal _____ Date _____

Superintendent Approval _____ Date _____

**2018-2019
FIELD TRIP ACCOUNTING FORM**

This form must be completed by the Office Manager with the help of the requesting instructor and Johnson Bus Co. after the Superintendent's approval of the Teacher Request for Bus for Field Trip (other side of this sheet). Office Managers, please return this form to the District Office for **ALL** field/class trips as soon as bank deposit is made, but no later than one week following the trip.

General Information:

Date of field trip: _____ Number of buses needed: _____
 Field Trip Destination: _____

Transportation Cost: (per bus)

A. Hourly Rate: Large Buses \$19.42 x _____ (# of hours) = \$ - (A)

B. Mileage: \$1.63 (65 cap) x _____ (round trip miles) = + \$ - (B)
 \$1.65 (71 cap) x _____ (round trip miles) = + \$ - (B)

MapQuest Mileage _____
 C. Service Charge: \$6.45 per bus + \$6.45 (C)
 (Minimum Charge Per Trip 43.47)

D. Total Cost Per Bus: (A+B+C) \$6.45 (D)

E. Total Transportation Cost: _____ 0 (# of buses) x \$6.45 (cost per bus) = \$0.00 (E)

Admission Cost:

F. Student Fee: _____ (# students) x _____ \$0.00 (F)
 G. Adult Fee: _____ (# adults) x _____ \$0.00 (G)

H. Total Admission Cost: (F+G) \$0.00 (H)

I. Total Field Trip Cost: (E+H) \$0.00 (I)

J. Cost Per Person:

Total field trip cost: \$0.00 / _____ (# attending) = #DIV/0! (J)

Amount of bus to be paid from Fund 21

School Office Verification

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

Deposit Amount _____ Deposit Date _____ # of Refunds _____ Amt of Refunds _____
 Principal Signature _____ Date _____

Central Office Verification

Actual bus cost \$ _____
 Less estimated transportation cost from above \$ _____
 Difference \$ _____

Form is to be attached to bus bill following verification.

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