

2021-2022
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 _____

2021-2022
FIELD TRIP ACCOUNTING FORM

This form must be completed by the Office Manager with the help of the requesting instructor and Johnson Bus Company prior to the Superintendent's approval of the **TEACHER REQUEST FOR BUS FOR FIELD TRIP (page 2 of this form)**. **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 (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: $\$19.74 \times \frac{\text{_____}}{\text{\# of hours}} = \$ \text{_____} \text{ (A)}$

B. Mileage: $\$ 1.68 \text{ (71 person capacity)} \times \frac{\text{_____}}{\text{Round trip miles}} = \$ \text{_____} \text{ (B)}$

C. Service charge: $(\$6.56 \text{ per bus}) \quad \6.56 (C)

(Minimum Charge per Trip - \$44.20)

D. Cost per bus ((A + B + C): $\$ \text{_____} \text{ (D)}$

E. Total transportation cost (# of buses X (D)): $\$ \text{_____} \text{ (E)}$

ADMISSION COST

F. Student fee: $\# \text{ students} \times \frac{\text{_____}}{\text{Admission cost}} = \$ \text{_____} \text{ (F)}$

G. Adult fee: $\# \text{ adults} \times \frac{\text{_____}}{\text{Admission cost}} = \$ \text{_____} \text{ (G)}$

H. Total admission cost (F + G): $\$ \text{_____} \text{ (H)}$

TOTAL FIELD TRIP COST

I. Total field trip cost (E + H): $\$ \text{_____} \text{ (I)}$

COST PER PERSON

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

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.