PARADISE UNIFIED SCHOOL DISTRICT
FIELD TRIP REQUEST

Day and date of trip _____

Means of transportation ☐Bus ☐Van ☐Auto ☐Other

School _____Grade Level _____ Department _____

Destination (**ALL STOPS**) _____

Purpose of Trip _____

Person in charge _____ Time of departure _____ Time of return _____

Is bus needed to remain with group? ☐yes ☐no

Number taking trip: pupils _____ teachers _____ other adults _____ **Total** _____

Auto transportation only:

   1.   Drivers' name _____

   2.   Certificate of insurance on file with school? ☐yes ☐no

Substitute needed? ☐yes ☐no How many? _____

Other expenses _____

How is trip being paid for? _____ Budget Code _____

APPROVED_____
                             PRINCIPAL   DATE

_____
                             BUSINESS MANAGER   DATE
- - - - - - - - - - - - - - - -
(FOR BUSINESS OFFICE USE ONLY)

Flat Fee_____

Cost of miles _____miles @ _____a mile=_____

Cost of Driver _____@_____per hour=_____

Cost of Driver (overtime)_____@_____per hour=_____

Actual total expense $_____

Distribution: ☐Driver ☐Transportation ☐District Office ☐School Approved Copy ☐School Office

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