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

Revised 11/2008