

Klamath Trinity Joint Unified School District

FIELD TRIP REQUEST

All School Rules Apply to Staff, Chaperones and Students

Note: To be submitted **10 days** prior to departure date to Principal and Manager of Maintenance/Transportation. Submit four (4) copies to the Transportation Department. A copy will be returned to you indicating if approved or not.

Requester: _____ Phone # _____ School/Dept. _____

Destination _____ Justification for Trip _____

Date of Trip _____	Driver(s) _____	Cleared () _____
Date of Pick-Up _____	_____	Cleared () _____
# of Days _____	_____	Cleared () _____
Vehicle Requested _____	_____	Cleared () _____

Credit Card Needed _____ (If yes, pick up card at the Transportation Department. Be sure to return this card and vehicle to the Transportation Department **immediately** after the trip, along with receipts. Trip slips shall be returned with keys and vehicle).

Departure Time & Site _____ Return Time & Site _____

Route to be followed & destination including scheduled rest stops (please include length of time and times for rest stops) _____

of Passengers _____ # of Booster Seats _____
Names of Participating Students **REQUIRED** (attach list)

Supervising Person(s): _____

___ Approved ___ Disapproved _____
Principal Signature _____ Date _____

Account Resource Code _____

<i>Forward to Transportation for Scheduling</i>		
Est. Cost _____	Scheduled _____	Bus/Van # _____
Driver _____	# of Vehicles _____	# of Passengers _____

<i>Forward to DO for Verification of Funds</i>	
___ Approved ___ Disapproved _____	_____
Business Manager	

<i>Forward to Transportation for Completion</i>			
Miles IN _____	Miles OUT _____	Total Miles _____	
		X _____	= _____
		Credit Card #'s _____	= _____
Driver IN _____	Driver OUT _____	Regular Hrs _____	OT Hrs _____

<i>Forward to DO</i>	
Verification _____	Total _____