

# Request for Extra Activity / Field Trip Transportation and Substitutes

Date Submitted by Teacher: \_\_\_\_\_

Date Received by Lower Office: \_\_\_\_\_

Date Received by Upper Office: \_\_\_\_\_

Department, Class or Organization requesting: \_\_\_\_\_

Trip Organizer: \_\_\_\_\_

Activity or Event to be attended: \_\_\_\_\_

Name of place where you are going: \_\_\_\_\_

Transportation requested for: \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Departure Time	Time Expected Back	Number of Students	Number of Adults (Staff/Parents)
_____	_____	_____	_____

ALL Staff to Chaperone Group: \_\_\_\_\_

Name(s) of Staff Member(s) needing Substitution: \_\_\_\_\_

(Please state periods and/or times needing coverage) \_\_\_\_\_

**Funding Information - If applicable:**

Number of Students: \_\_\_\_\_ Cost Per Student: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Cost Per Adult: \_\_\_\_\_

Number of Adults Free: \_\_\_\_\_ Amount of Fund Required for Trip: \_\_\_\_\_

Payee: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Approved by Building Principal/Date

Approved by Superintendent/Date

**Transportation Section**

Date Received by Transportation Office: \_\_\_\_\_

Your request for transportation has been: \_\_\_\_\_ approved \_\_\_\_\_ disapproved.

Reason for not approving trip: \_\_\_\_\_

Transportation Supervisor/Date

Copy to: Treasurer's Office, Upper Office, Lower Office, Transportation Dept., and Party Requesting