

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