

Field Trip Estimate Worksheet

Please submit with your request form

Estimated Cost of Transportation:

\$28.00 ea. hr. X (_____ hr.(s)) = \$ _____ (A) Bus

\$14.00 (B) Driver pre trip/post trip time (½ hour total)

_____ Miles (Round Trip) X \$2.50 per mile = \$ _____ (C) Fuel

_____ (A) Bus + _____ (B) Driver + _____ (C) Fuel = \$ _____ (D) Cost

_____ (D) Cost X # of buses (_____) = \$ _____ (TOTAL COST)

*This is a worksheet to help estimate the cost of your trip. Overages and underages will be adjusted on the final invoice.

(September 2014)



Extra Curricular Request Form

All Requests must be submitted 14 days prior to event. Once request is received Transportation Manager will give you notice the trip can be covered.

Date of Trip: _____

Depart Time and Location: _____

Destination and Address (If multiple Destinations please list all addresses):

Number of Students/Busses: _____

Number of Chaperones: _____

Drop Off or Stay: _____

Contact Person: _____

Contact Phone Number(s): _____

Reason for Trip: _____

Comments: _____

Invoice To or ASN To: _____

Approved by School: _____

Date: _____

Approved by Transportation Manager: _____

Date: _____
