

MERIDIAN SCHOOL DISTRICT
FIELD TRIP REQUEST

Date _____

TEACHER or PERSON requesting trip complete and submit to principal at least 10 days in advance.

Teacher(s) _____ Class/Grade _____

Date of Trip _____ Destination _____

Number of Students _____ Estimated Round Trip Mileage _____

Number of Adults _____

Time of Departure from School _____ Time of Return to School _____

Transportation Needed: Bus ____ Suburban ____ District Car ____ Van ____

Purpose of Trip:

Classroom Preparation for Trip:

Classroom Follow-up Activities:

PRINCIPAL/SUPERVISOR completes this section, if trip is approved, and submits two copies to transportation department at least 3 days prior to day of trip.

Approved ____ Not Approved ____ Principal/Supervisor _____ Date _____

Classification of Trip (check one)

Ex. Curricular (ECA): Athletic ____ ECA Other ____ Class Field Trip ____ Other ____

Reimbursable (Check One) Yes ____ No ____ Account Code _____

TRANSPORTATION SUPERVISOR completes this section, assigns driver, signs below at conclusion of trip to authorize compensation, and submits a copy to the district business office.

Assigned Driver _____ Requires Admission Ticket Yes ____ No ____

DRIVER completes this section, signs and return to Transportation Supervisor.

Bus No. ____ Return time _____ End Odometer reading _____

Depart time _____ Beg. Odometer reading _____

Total _____ Total _____

Driver Signature _____ Trans. Sup. Signature _____

OFFICE USE

Driving time ____ x ____ = _____

_____ miles x _____ per mile _____
Total _____

General Fund Account Code

____ 01-__ 28-075-_____

____ 01-__ 27-075-_____

____ other _____

Trip Number _____

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