

Please follow field trip procedures (attached) for distribution of this form to the appropriate departments/individuals.	Transportation Office		Trip Number
	Plainedge Public Schools UFSD #18		D.O.
	APPLICATION FOR ALL SCHEDULED TRIPS		Contractor

PART I - Completed by Person in charge and approved by Building Principal (or Director of Athletics if it is Sports related)

Date of Trip Day of Week

Length (how many hours do you plan to be on the trip)

Type (indicate Field trip/Sports or Other. If Other, please specify)

Destination (exact address)

Depart from School	Time	<input type="text"/>	Location	<input type="text"/>
Depart for School	Time	<input type="text"/>	Location	<input type="text"/>
Arrive at School	Time	<input type="text"/>	Location	<input type="text"/>

Purpose of Trip

Number of Students Number of Adults

Special Instructions

Mode of Payment

Requested by: District (list budget code) Students (specify amount)

Date:

Approved by: Date:

Part II Completed by Transportation Office

of Buses needed Type

Name of Contractor Phone

Address

Supervisor of Transportation approval _____

Part III Completed by lead driver and Person in Charge of Trip. Return to Transportation Office by Noon on following day

Bus Number Actual time of Departure

Actual time of return

Mileage at Departure

Mileage at Return Total Miles

Returned to (location)

Comments

Lead Driver: Signature:

0 Signature:

Part IV TRANSPORTATION USE ONLY

Date Received:	<input type="text"/>	Account Charged	Estimate	Actual
Number	<input type="text"/>	District	<input type="text"/>	<input type="text"/>
		Sports	<input type="text"/>	<input type="text"/>
		Other	<input type="text"/>	<input type="text"/>