

FIELD TRIP CHECKLIST

- Principal Approval
- Fill out Trip Request Form and send to Nicole at the Transportation Department
- Make sure Transportation Department receive form and have you scheduled
- Complete Employee Request for Professional Leave for day of trip
 - a. This must be done at least one month ahead as all student trips must be approved by the Board**
- Complete Requisition Form for Purchase Order
 - a. # students attending- need a final count a few days prior so checks can be written for correct amount
 - b. If paying restaurant directly while on the student trip a separate request will need to be filled out
 - c. Don't forget to complete a request to transportation department for driver trip + \$1/mile
- After taking all costs into consideration:
 - a. Send home permission slips
 - b. Make sure to let parents know trip cost will be a donation and no refunds will be given as the funds will be used for another trip in the future if cancelled

Day of trip:

- Post attendance before leaving
- Count students off and on bus
- Take checks/lunches/permission slips

Trip Request Form**THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.**

Date Requested _____ Date of Bus Trip _____

Destination _____

Pickup Point _____

Departure Time _____

Return Time _____

Round Trip Mileage _____

Sponsored By _____

Person in Charge _____ Number of Chaperones _____

Staff member(s) designated to administer medication if necessary: _____

Names of Chaperones Designated by the Principal _____

_____Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students? Yes No

Number of Pupils _____ Budget Code _____

Group _____ Field Trip Roster sent to School NursePlease check one: Bus Van (6 or 7 passengers only)Is this request for: Competition Non-Competition

Driver/Bus Number (To Be Assigned by Transportation Manager) _____

Approved By _____ Principal/designee.

Bus Number/Driver Approved By _____, Transportation Manager

Comments: _____

*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and departure, etc.) and give to driver prior to departure.

** Driver has been informed not to depart unless above information is complete and accurate.

Copies: White – File Copy for Principal

Remaining copies to Transportation Manager at Bus Compound.

RELATED PROCEDURE:09.36 AP.1 (See section on **TEACHER'S RESPONSIBILITIES**)

09.36 AP.211

Review/Revised:4/23/13

REQUISITION FORM FOR PURCHASE ORDER

Company/Vendor: _____ Date of Request: _____
 Company Phone # _____ Requesting Employee: _____
 Company Address: _____ Employee Contact #: _____
 _____ School/Department: _____

Funding Source (Please Check):

Purchase Type (Please Check):

- | | |
|---|--|
| <input type="checkbox"/> SBDM/SECTION 6 _____
<input type="checkbox"/> SCHOOL ACTIVITY _____
<input type="checkbox"/> GRANT _____
<input type="checkbox"/> MUNIS/OTHER _____
<input type="checkbox"/> DISTRICT ACTIVITY _____ | <input type="checkbox"/> CKEC VENDOR _____
<input type="checkbox"/> KPC/KEDC VENDOR _____
<input type="checkbox"/> STATE CONTRACT _____
<input type="checkbox"/> TRAVEL REIMBURSEMENT _____
<input type="checkbox"/> OTHER _____ |
|---|--|

CODE(S): _____

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST
SHIPPING/HANDLING				
TOTAL REQUEST				

OFFICE USE ONLY

Vendor# _____

Purchase order# _____

Signature of Requesting Employee

Authorized Signature (Admin/Supervisor)

Superintendent/Designee

