

CHARTER/TRIP REQUEST FORM

**Trip requests must be in Elementary/Secondary Administration *at least 3 weeks prior to trip date*.**

**The requesting school/department is responsible for tracking the timely completion of this form.**

**Revised 10/12/17**

|  |
| --- |
| **A. Request by School (trip logistics)** |
| **School:** |  |  | **Date of Trip:** |  |
| **Teacher(s):** |  |  | **Contact information: Extension or cell phone #** |  |
| **Destination:** |  |
| **Address:** |  |
| **Is this a walking trip that does not require transportation?**  | **⬜ YES ⬜ NO** |
| **No. of Adults/ Chaperones:** |  |  | **No. of Students and Grades:** |  |
| **Number of Buses Requested:** |  |  | **List Special Requirements (Harness, Car Seat, etc.):**  |  |
| **Pick Up Time at School:** |  |  | **Return Time at School:** |  |
| **Purpose of Trip (educational rationale must be attached):** |  |  |
| **Payment (the use of cash as a form of payment will not be allowed): Select one**  | **⬜ Check/Money Order** |
| **⬜ General Fund**  |
| **⬜ Grant Funded (obtain verbal approval by Account Manager)** |
| **⬜ Third Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Account Manager’s Name/Dept./Date of Approval:** |  |  |
| **Transportation (Bus) Cost (verbal estimate x8015):** |  |  |
| **Bus Company/Contract #:** |  |  |
| **Contact person at transportation:** |  |  |
| **Principal’s Signature/Date:** |  |  |
| **Are you submitting the request at least 3 weeks prior to the trip date:** |  **Yes  No** |
|  |  |  |  |
| **B. Review by Account Manager** |
| **Reviewed by and Date:** |  |  |  **Approved  Disapproved** |
| **Type of Account:** | **Fund: \_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_ Project: \_\_\_\_\_\_\_ Activity: \_\_\_\_ Account:\_\_\_\_\_\_\_\_**  |
| **Requisition Entered By:** |  | **Requisition Number:** |  | **PO Number:**  |  |
|  |
| **C. Approval by Elementary or Secondary** |
| **Reviewed by and Date:** |  |  **Approved  Disapproved** |
|  |  |
| **D. Transportation Use Only** |
| **Type of Vehicle(s): S/B  M/B  V  WC/V  Coach**  |
| **Date Booked:** |  |  | **Bus Company:**  |  |
| **Booked by:** |  |  | **Confirmed by:** |  |
| **PO Number:**  |  |  | **Invoice Number:** |  |



**Charter/Trip Request Rationale Information Sheet**

(Please attach this rationale to the Charter Trip request. No Field trip will be approved without this document.)

|  |  |
| --- | --- |
| **Trip Destination:** |  |
| **Total cost Per Student:** |  |
| **Theme/Unit of Study:** |  |
|  |
|  |
|  |
|  |
| **Rationale:** |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Standards:** |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Ratio of Chaperone to Students:** |  |
| **Other Information:** |  |
| **Are you submitting the request at least 3 weeks prior to the trip date:** |  **Yes  No** |
| **Principal’s Signature and Date:** |  |
|  **Approved  Disapproved** |