

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	<input type="text"/>	Day of Week	<input type="text"/>
Length (how many hours do you plan to be on the trip)	<input type="text"/>		
Type (indicate Field trip/Sports or Other. If Other, please specify)	<input type="text"/>		
Destination (exact address)	<input type="text"/>		
Depart from School	Time	<input type="text"/>	Location
Depart for School	Time	<input type="text"/>	Location
Arrive at School	Time	<input type="text"/>	Location
Purpose of Trip	<input type="text"/>		
Number of Students	<input type="text"/>	Number of Adults	<input type="text"/>
Special Instructions	<input type="text"/>		
Mode of Payment	District (list budget code)	<input type="text"/>	Students (specify amount)
Requested by:	<input type="text"/>	Date:	<input type="text"/>
Approved by:	<input type="text"/>	Date:	<input type="text"/>

Part II Completed by Transportation Office

# of Buses needed	<input type="text"/>	Type	<input type="text"/>
Name of Contractor	<input type="text"/>		Phone
Address	<input type="text"/>		
Supervisor of Transportation approval	<input type="text"/>		

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

Bus Number	<input type="text"/>	Actual time of Departure	<input type="text"/>
Mileage at Departure	<input type="text"/>	Actual time of return	<input type="text"/>
Mileage at Return	<input type="text"/>	Total Miles	<input type="text" value="0"/>
Returned to (location)	<input type="text"/>		
Comments	Lead Driver:	Signature:	
	<input type="text"/>		
	0	Signature:	
	<input type="text"/>		

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"/>