

Tunkhannock Area School District

Field Trip Form

I. Requisition

School: _____

Teacher/Sponsor: _____ Class/Grade: _____

Destination: _____ Date: _____

Depart From: _____ Time: _____ Return: _____

Number of Students: _____ Adults: _____ # of Buses _____ or Vans _____

Estimated Round Trip Miles: _____ Approx. Waiting Time: _____

Purpose: _____

Names of Teacher Chaperones: _____

Charge to Account Number: _____

Substitute Needed: Yes or No **How many:** _____

Nurse Needed Yes or No **Nurse Signature** _____

Administrative Approval: _____ Date: _____

(signature required)

II. Transportation

Contractor – Vehicles: _____

Approved by: _____ Date: _____

III. Contractor Payment Information

Bus – 1

Bus – 2

Bus – 3

Odometer Start: _____

Odometer End: _____

Total Miles: _____

Waiting Time: _____

Contractor Signature: _____ Date: _____

IV. Payment Authorization

Amount Due: \$ _____ By: _____ Date: _____

1-16-2016 TB