

**CAMPBELL CITY SCHOOLS  
FIELD TRIP REQUEST FORM**

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DATE OF REQUEST: \_\_\_\_\_ CLUB/SPONSOR: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

PICK-UP LOCATION: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE OF THIS TRIP: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_ NUMBER OF BUSES REQUIRED: \_\_\_\_\_

\_\_\_\_\_  
PERSON REQUESTING BUS

\_\_\_\_\_  
BUILDING PRINCIPAL

\_\_\_\_\_  
SUPERINTENDENT'S APPROVAL

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**FOR TRANSPORTATION USE ONLY:**

DRIVER: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ TIME IN: \_\_\_\_\_

STARTING MILEAGE: \_\_\_\_\_ ENDING MILEAGE: \_\_\_\_\_

\_\_\_\_\_  
TRANSPORTATION SUPERVISOR

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**FOR PAYROLL USE ONLY:**

WAGES: \_\_\_\_\_

FRINGES: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

TOTAL: \_\_\_\_\_