

**CAMPBELL CITY SCHOOLS
FIELD TRIP REQUEST FORM**

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DATE OF REQUEST: _____ CLUB/SPONSOR: _____

DATE OF TRIP: _____ DEPARTURE TIME: _____ RETURN TIME: _____

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: _____

START MILEAGE: _____

END MILEAGE: _____

TRANSPORTATION SUPERVISOR

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FOR PAYROLL USE ONLY:

WAGES: _____

FRINGES: _____

MILEGAGE: _____

TOTAL: _____