2-5 DG

Hancock County High School

FIELD TRIP REQUEST

**Revised July 2011**

**Send via email to Athletic Director**

* **Basic Info:**

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| --- |
| **DATE OF TRIP:** Date /Month Day of Week |
| **Sport/activity:**  |

Destination:

 Location City/State

Departure Time:      Return Time:

Date of Request:

Number of students:       Number of teachers / chaperones:

* **Bus / Driver:** (mark appropriate box)

# Number of Busses Required:

# Driver Status: (mark one) To Be Hired: [ ]  Volunteer: [ ]

# Name of Driver(s):

* Cost Estimate: (Provide an estimated budget for this trip)

*Money must be in an account one week before the trip is to be taken. / The Teacher and/or Sponsor is responsible to make sure all costs of the trip are procured. / The school CANNOT be responsible for costs involved in field trips.*

1. Account Title or Group Paying Costs:

TOTALS

1. Fuel Mileage (fill out one) Competition      miles @ $0.10 per mile

 Non-Competition      miles @ $1.00 per mile

 Over 300 miles round trip      miles @ $1.44 per mile

1. Driver Cost (total those that apply)

 Volunteer-----------------------------------------$20.00 stipend

 Hired Driver--------------      hours @ $15.00 per hour

 Hired Driver--      overtime hours @ $20.00 per hour

TOTAL ESTIMATED COST OF TRIP $

* **Signatures:**

Requesting Teacher:

Principal Designee Approval:

Board of Education Approval: