

**TRANSPORTATION DEPARTMENT**

729 N. Webb Avenue, Reedsburg, WI 53959

Phone: (608) 768-8940

www.rsd.k12.wi.us

## Athletic/Activity TRIP BUS REQUEST

**Advisor/Coach REQUEST INFORMATION:** Advisor/Coach making the field trip request will complete the ALL sections and forward this form to his/her Activities administrator for approval.

Date of Request:

Coach/Advisor &  
Sport/Activity :

Date of Trip:

Day of week:

# of Passengers (adults, too):

School:

Group/Grade:

Trip #:

Destination:

Departure Time:

Return  
Time:

**COST OF COMPUTATION:** Advisor/Coach will complete this section. Calculate the projected trip cost, assign the request #, and forward the form to the Activities Department for final approval.

Projected  
Trip Costs:

  

(round trip miles)

miles @ \$1.25/mile = \$

hours @ \$18.50/hr = \$

  

Actual  
Cost:

  

Total Projected Trip Cost (per bus)

\$

Number of Busses:

Projected Total Trip Cost:

\$

**Actual Trip Cost (Per Transportation Office):**

\$

Charge Field Trip To:

\_\_\_\_ Athletic Trip Account

\_\_\_\_\_

AMOUNT

\_\_\_\_\_

\_\_\_\_ Field Trip Account

\_\_\_\_\_

\_\_\_\_ Extracurricular Club

\_\_\_\_\_

Trip Approval:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Head Administrator Signature)

**TRANSPORTATION DEPARTMENT CONFIRMATION:** This section will be completed by the Transportation Department. Return a copy to the requesting teacher.

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Destination: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Driver: \_\_\_\_\_