



BALDWIN COUNTY PUBLIC SCHOOLS
Building Excellence

Date of Trip: _____
 Description: _____
 Activity#: _____
 Form _____ of _____ (Multiple Buses)

FIELD TRIP REQUEST FORM / INVOICE

DESCRIPTION

SCHOOL: _____ DATE OF REQUEST _____
 TEACHER/COACH/SPONSOR: _____
 GRADE / SUBJECT / SPORT: _____ DATE OF TRIP: _____
 DESTINATION: _____
 OBJECTIVES FOR SDE COURSE OF STUDY AND/OR SYSTEM CURRICULUM PLAN: _____
 METHOD OF EVALUATION: _____
 THIS FIELD TRIP IS INCLUDED IN MY LESSON PLAN CHAPERONE RATIO: _____
 ARRANGEMENTS FOR STUDENTS NOT PARTICIPATING: _____
 APPROXIMATE DEPARTURE TIME: _____ APPROXIMATE RETURN TIME: _____

ESTIMATED COSTS

a) Number of Students Attending: _____
 b) Admission per student: _____ Vendor: _____
 c) Meal cost per student: _____ Vendor: _____
 d) Total Miles Roundtrip: _____ @ Current per Diem (\$1.20) X Number of Buses: _____
 e) Bus Driver Pay: _____ Number of Drivers: _____ Select Rate: _____
 Hours Away: _____ Base Pay: _____ Additional 10% for Special Benefits Reimbursement: _____
 f) Transportation other than School Bus: _____
 g) Other: _____
 Total Estimated Cost of Trip: _____

No student may be denied participation solely because of inability to pay. (Round to Nearest \$.25) Cost Per Student:

**P-CARD NEEDED FOR TRAVEL
RECEIPT BOOK NEEDED**

**CHECK(S) NEEDED FOR ADMISSIONS/MEALS/HOTEL/TRAVEL
ALLOW PARENTS TO PAY ONLINE VIA ESCHOOL PAYMENTS**

NOTIFICATION / APPROVALS

NURSE NOTIFIED _____ NURSE'S SIGNATURE _____ DATE _____ CAFETERIA NOTIFIED _____

TEACHER/COACH/SPONSOR SIGNATURE _____ DATE _____ PRINCIPAL'S SIGNATURE _____ DATE _____

Submit for Superintendent's Approval (If Applicable):

Overnight (Attach schedule and lodging details) Out of State SUPERINTENDENT'S SIGNATURE _____ DATE _____
 Over 100 Mile Radius Other than land trip (No trip permitted by boat)
 Non-instructional activities which require students to be released from academic class time.

SCHOOL BUS DRIVER'S REPORT : ACTUAL MILEAGE / DRIVER INVOICE

ODOMETER READING	MILEAGE
BEGINNING:	
ENDING:	
TOTAL TRIP MILEAGE:	_____ X \$1.20
TOTAL FUEL USAGE / PAYABLE TO BCBE:	\$ _____

BUS # _____
 ACTUAL TRIP TIME/BASE PAY: _____
 DEPARTURE DATE/TIME: _____
 RETURN DATE/TIME: _____
 TOTAL TIME AWAY: _____
 BASE PAY: \$ _____

❖ 8 hours of sleep time is not compensable for overnight field trips. Meal allowance paid separately.
 (Pay Rate: < 3 Hrs=\$33.61 / 3+ Hrs=\$11.55 per hour)

BUS DRIVER'S SIGNATURE _____ EMPLOYEE NUMBER _____

EXTRA-CURRICULAR TRIP

ACADEMIC TRIP

CODE: 12-5-4150-391-CCTR-7101-0-PROG-0000 (PROG: 4500 Athletics / 4400 BAND)

CODE: 12-5-4150-391-CCTR-7101-0-4400-0000

- Teacher / Coach / Sponsor will submit form to School Secretary/Bookkeeper by email 2 weeks prior to the activity.
 - School Secretary/Bookkeeper will attain Principal's approval and submit to Transportation by email. Print approved form and return to Teacher / Coach / Sponsor.
 - Teacher / Coach / Sponsor will give approved form to Bus Driver on trip day.
 - Bus Driver will complete the Bus Driver' Report, sign and return to Teacher / Coach / Sponsor.
 - Teacher / Coach / Sponsor will return completed form to School Secretary / Bookkeeper for payment.
- ❖ A signed Purchasing Card Agreement must be on file in the Bookkeeper's office prior to issuing a P-Card to any cardholder.