



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 _____ CAFETERIA NOTIFIED _____

NURSE'S SIGNATURE _____ DATE _____

TEACHER/COACH/SPONSOR SIGNATURE _____

DATE _____

PRINCIPAL'S SIGNATURE _____

DATE _____

Submit for Superintendent's Approval (If Applicable):

Overnight (Attach schedule and lodging details)
Over 100 Mile Radius
Non-instructional activities which require students to be released from academic class time.

Out of State
Other than land trip (No trip permitted by boat)

SUPERINTENDENT'S SIGNATURE _____

DATE _____

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.