## SCHOOL DISTRICT OF BLOOMER FIELD TRIP REQUEST – BEYOND 200 MILES

School	Organization			
Name of Person Responsible for Trip				
Date of Trip	Date Submitted			
Description of Trip				
# Students Attending #	of Total Riders/Attendees			
Names of Chaperones:				
Rationale for Trip:				
Subs Needed: Yes No				
Teachers Requiring Subs (which teacher(s), h	now long, which days, etc.):			
Costs Associated with Trip:  TOTAL BUS COST = # of Busses	X Per Bus Cost =			
PER BUS COST: (calculate below the first per Mile = A (Number of above busses that need to be HC	# Hours @ Per Hour = B	]		
Entrance Fees Lodging Meals Other				
Cost to Be Covered By: District	Organization Participants			
Departure Time	Return Time			
Submit Request t	to Building Principal Upon Completion			
Administrative Use Only – Fax Request to Bus Compar Trip Approved YES NO Date of Approval				
Number of Busses/Vans Ordered	Date Ordered strict Administrator Signature	Principal		
Bus Company Use only	Date			
€				