

Little Wound School
FIELD TRIP REQUEST

Name of Group/Class: _____

Trip/Subject: _____

Place: _____ City: _____ State: _____

Leave (Hour/Date): _____ Return (Hour/Date): _____

Number of Students: _____ Number of Adults: _____

Goals of Trip: _____

Logistics

Total Amount of Cash Needed: _____

Transportation Needed: _____

Food: _____

I agree to submit all necessary documentation and receipts required of the Business Office for this Field Trip Request within fourteen (14) days. If I do not submit the required documentation, I give Little Wound School permission to take the missing money out of my payroll check until paid in full.

___ Parent Permission Slip

___ Check Request

___ Credit Card

___ Food Request

___ Driver Transportation Request

___ Substitute Teacher(s)

I further agree to authorize the Business Office to deduct \$10.00/\$25.00 (\$10.00 for a van, expedition, etc. and \$25.00 for a bus) from my payroll check if this vehicle is not clean upon our return.

Submitted By Date

Supervisor/Director Date

Transportation Supervisor Date

Superintendent Date

Business Manager Date

Account Number: _____ Check Number: _____

Beginning Mileage: _____ Ending Mileage: _____ Total Miles: _____