## **Team Chickasha**

FIELD TRIP ADVA	NCE REQUEST		
Date Submitted			
Site Name			
Requested By		IMPORTAN	T NOTICE
Field Trip Destination		By signing and sub- you agree that the	trip expenses will
Number of Students		be paid by the fund district reserves th	e right to deny a
Estimated Total Miles		field trip if bus d located. No fiel	d trips will be
Estimated Total Trip Time		scheduled after	May 1, 2017.
Departure Date & Time			
Purpose of Field Trip			
Trip Expenses Paid By	Activity Fund General Fund Athletic Fund Other		
Requested By – Signature		Date signed	
Principal Signature		Date signed	
Approval Signature		Date Approved	

		Total Miles	Cost	Total
Type of Expense	Description of Expense		per gal	Expenses
In Town Trip	\$30 per bus plus the cost of the bus driver	N/A	N/A	\$
Driver	Driver expense based on time	N/A		\$
Fuel	Fuel will be figured by the cost of a gallon. Every 5 miles.		<u> </u>	
	<u></u>	Grand Total	<del> </del>	\$

Notes: