

STUDY TRIP REQUEST

Class/Group	# of Students Traveling
Complete Name & Address of Trip Location:	
Departure Date & Time	Return Date & Time
Students staying behind?	Yes No What class/lab will these students attend?
Wheelchair lift required	Yes No Type of Vehicle Bus Car Van
Vehicle Supplied By	OHP Ben Logan Other (describe)
Substitute Needed	Yes No Coverage Needed All Day AM PM Periods

Chaperones

Purpose of trip

Objectives

Evaluation

	Staff	Students
Expenses	Registration	
	Number of Substitutes @ \$100/day x days	
	Parking	
	Staff Lodging per night x # of nights x # of rooms	
	Student Lodging/night x # of nights x # of rooms	
	Meals	
	Other Travel & Misc.	
	TOTAL AMOUNT REQUESTED	

 Teacher/Group Leader Date Supervisor Date

 Director Date Superintendent Date

 No. of Buses Date ***For Office Use Only*** Date Request for Transportation Sent: _____

 No. of Vans Date Date Van/Car Trip Ticket Routed to Fleet Coordinator: _____