

**SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT
FIELD TRIP BUS REQUEST**

(Form required **TWO WEEKS** prior to all field trips)

Participating Group/School/Grade: _____

Date of Trip: _____ Number of Students: _____ Number of Chaperones: _____

Time to leave school: _____ Time to return to school: _____

Number of Buses: _____ Large _____ Small

Trip Destination(s), with COMPLETE and accurate itinerary (**please indicate desired arrival time at destination and desired departure time from destination**):

Purpose of trip: _____

Organization/Department Responsible for Bus Payment: _____

Name of Account/Account #: _____

Estimated Cost of Bus Trip: _____

Cost per mile: \$2.15 (large), \$2.09 (small); Cost per hour wait time: \$20.86; Minimum trip cost: \$82.36 (large), \$76.88 (small)

Example: 20 miles round trip (large bus) with 3 hour wait time

20 x \$2.15 = \$43.00

3 x \$20.86 = \$63.00

Total cost = \$106.00 (if total cost is below \$80.40 the charge will be \$80.40)

Person Requesting Trip: _____ Date: _____

(signature)

Business Office Approval: _____ Date: _____

(signature)

If you have any questions or need to make schedule changes, please contact Ingrid Borwick at 229-8778 x 300

Office Use Only:

Bus/Buses Ordered _____

Date: _____

Cost: _____

Line item/account _____