

TRIP APPLICATION EMPLOYEE OR STUDENT TRIPS (Submit all copies)

IF YOU ARE REQUESTING AN ADVANCE CHECK, THIS FORM MUST BE RECEIVED IN ACCOUNTING TWENTY (20) WORKING DAYS PRIOR TO DEPARTURE.

FORM 295
REV 4-09

1 GENERAL INFO. ALL TRIPS	<input type="checkbox"/> Employee Trip (Employee Trip Only, No Students) <input type="checkbox"/> Regular Student Trip (Paid by class, group, etc.) <input type="checkbox"/> Extra Curricular Student Trip (Paid by district)		
	NAME OF EMPLOYEE or FIELD TRIP SUPERVISOR (ONE PERSON ONLY) SCHOOL		DEPARTMENT OR GRADE LEVEL
PURPOSE OF TRIP (WORKSHOP OR INSERVICE ATTACH COPY OF BROCHURE & COMPLETED REGISTRATION INFORMATION)			
DESTINATION BUILDING NAME (SCHOOL, CENTER, ETC.)		HOTEL WHERE YOU WILL STAY	<input type="checkbox"/> N/A HOTEL'S PHONE () - <input type="checkbox"/> N/A
DESTINATION CITY		DATE(S) OF MEETING OR FIELD TRIP	NO. OF WORK DAYS MISSED ONE WAY MILES

II STUDENT TRIP STUDENT TRIPS ONLY	DESTINATION CONTACT PERSON'S NAME	NUMBER OF: STAFF _____ STUDENTS _____ OTHER ADULTS _____ TOTAL _____	OTHER EMPLOYEE(S) GOING ON FIELD TRIP	DEPT. or GRADE
	DESTINATION CONTACT PERSON'S PHONE () - _____			
WHO WILL PAY EXPENSES FOR THIS STUDENT TRIP? (CHECK ONE)				
<input type="checkbox"/> NO COST INVOLVED <input type="checkbox"/> EXTRA CURRICULAR PAID BY DISTRICT <input type="checkbox"/> NAME OF GROUP PAYING FOR TRIP _____				
DEPARTURE DATE	PICK-UP LOCATION	DEPARTURE TIME	RETURN DATE	RETURN LOCATION
-	-	AM PM	-	<input type="checkbox"/> SAME
			RETURN TIME	
			AM PM	

Bus day trips must return by 2:15 p.m. to avoid extra fees

III TRANSPORTATION INDICATE QUANTITY WHERE NEEDED	<input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> SCHOOL VAN <input type="checkbox"/> SCHOOL CAR <input type="checkbox"/> WALKING	TRANS. ASN
	<input type="checkbox"/> RENTAL BUS <input type="checkbox"/> RENTAL VAN <input type="checkbox"/> RENTAL CAR <input type="checkbox"/> PERSONAL CAR <input type="checkbox"/> OTHER _____	

IV ATTENDANCE FEE(S) CHECK ONE IF YOU CHECK BOX '1' OR '3' SKIP TO SECTION-V	<input type="checkbox"/> NO FEE(S) INVOLVED	DATE FEE IS DUE	MAKE CHECK PAYABLE TO	FEE ASN
	<input type="checkbox"/> PLEASE PREPAY ATTENDANCE FEE BY THE DATE INDICATED	FEE AMOUNT	MAIL CHECK TO	CK# SCH B.O.
	<input type="checkbox"/> I HAVE PREPAID ATTENDANCE FEE, I WILL REQUEST REIMBURSEMENT AFTER THE TRIP	\$	CITY STATE ZIP	DATE
	ADDRESS			VEN#

If you request prepayment of attendance fees, this form be RECEIVED in accounting 20 working days prior to this date to allow for processing & mailing

V EXPENSES COMPLETE ONLY IF TRIP EXPENSES WILL BE DISTRICT USE SEPARATE FORM FOR EACH PERSON REQUESTING EXPENSES COMPLETE SECTION-A PRIOR TO TRIP COMPLETE SECTION-B AFTER TRIP EVEN IF YOUR ADVANCE EQUALS YOUR EXPENSES	A. ESTIMATED EXPENSES & ADVANCE CHECK REIMBURSEMENT APPROVED ONLY FOR EXPENSES LISTED HERE * = RECEIPTS ARE REQUIRED * ESTIMATED TRANSPORTATION COSTS \$ _____ * ESTIMATED EMPLOYEE MEAL COSTS \$ _____ ESTIMATED STUDENT MEAL COSTS \$ _____ * ESTIMATED HOTEL COSTS \$ _____ * ATTENDANCE FEE COSTS \$ _____ * ESTIMATED OTHER COSTS \$ _____ * TOTAL ESTIMATED COSTS \$ _____ * RECEIPTS ARE REQUIRED (\$25 MINIMUM) <input type="checkbox"/> NO <input type="checkbox"/> YES ADVANCE \$ _____ (Do not include in your advance request any expenses already paid by District) You Must SUBMIT ACTUAL COST & RECEIPTS AFTER THE TRIP		B. ACTUAL EXPENSES - MONETARY SETTLEMENT COMPLETE COPY OF THIS SECTION & RETURN AFTER TRIP *YOUR ACTUAL TRANSPORTATION COSTS \$ _____ MILEAGE CALCULATION or GAS COST WITH RECEIPT *ACTUAL EMPLOYEE MEAL COSTS \$ _____ ACTUAL STUDENT MEAL COSTS, ATTACH STUDENT LIST & AMOUNTS GIVEN \$ _____ *ACTUAL HOTEL COSTS \$ _____ *ACTUAL ATTENDANCE FEE COSTS (LIST ONLY IF PAID BY EMPLOYEE) \$ _____ SPECIFY *ACTUAL OTHER COSTS TOTAL \$ _____ * RECEIPTS ARE REQUIRED CHECK ONE <input type="checkbox"/> FUNDS NOT COVERED BY ADVANCE (OWED TO TRAVELER) \$ _____ <input type="checkbox"/> FUNDS LEFT OVER FROM BT ADVANCE OWED TO TO DISTRICT (ATTACH CHECK) \$ _____		TRAVEL ASN DATE CK# SCH B.O. VEN# PERSONAL AUTO MILEAGE CALCULATION MILES DRIVEN _____ IRS RATE PER MILE \$ _____ MILES TIMES RATE \$ _____
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VI SIGNATURES & APPROVALS			
_____ PRINCIPAL	_____ COORDINATOR	_____ EMPLOYEE MAKING TRIP	_____ DEPARTMENT HEAD / TEAM LEADER
_____ DATE	_____ DATE	_____ DATE	_____ DATE

WHITE= ACCOUTING GREEN= AREA ADMINISTRATOR YELLOW=TRANSPORTATION ORDER PINK= EMPLOYEE MONETARY SETTLEMENT GOLD=PRINCIPAL