

PERRIS UNION HIGH SCHOOL DISTRICT REQUEST FOR TRANSPORTATION

Athletic Activity



Field Trip Activity

Instruction: Please allow four (4) weeks for scheduling

Instruciton: Please allow eight (8) weeks for scheduling

CIRCLE ONE: Site Vehicle District Vehicle Charter Carrier Rental

DATE OF TRIP	INSTRUCTIONAL PURPOSE OF TRIP
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Site Requesting Trip:	Department:
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Pick up location (Address):

DEPART TIME	PICK UP LOCATION/ADDRESS	DESTINATION NAME/ADDRESS	PICK UP TIME

ADDITIONAL TRIP INFORMATION	
Estimated time of arrival to destination	
Estimated time of departure from destination	
Estimated time expected back to school	
Destination telephone number	
Will have lunch away	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUESTED BY
Person In charge of trip
Contact number
Paperwork Prepared by

The Principal is ultimately responsible and a site program will be charged if Business Services is unable to collect from invoiced agency

FUNDING LINE(S) TO BE CHARGED						
Account trip will be financed from						
Number of Students being Transported						
Number of Faculty/Adults						
Total Estimated Cost						

Please indicate any Special Instructions

APPROVALS	
_____ Principal/Designee	_____ Date
_____ Business Services	_____ Date

For Office Use Only	
Mileage at Start	
Mileage at End	
Total trip milieage	
Total Charge	

ACCOUNTING USE ONLY

Approved for payment: _____

Date: _____ Confirmation #: _____