2016 – 2017 FIELD TRIP ACCOUNTING FORM

This form must be completed by the Office Manager with the help of the requesting instructor and Johnson Bus Company prior to the Superintendent's approval of the **TEACHER REQUEST FOR BUS FOR FIELD TRIP (other side of this form)**. **Office Managers**: Please return this form to the District Office for **ALL** field/class trips as soon as bank deposit is made, but no later than one (1) week following the trip.

GENERAL INFORMATION		.,	·		
Date of field trip					
Field trip destination					
Number of buses ne	eded				
TRANSPORTATION COST	Γ (per bus)				
A. Hourly rate:		.52 X# of hours	<u> </u>	(A)	
B. Mileage:	\$ 1.55 (65 person capacity) X				AND/OR
	\$ 1.57 (72 person capa				
C. Service charge:				\$6.11 (C))
(Minimum Charge	e Per Trip - \$41.46)				
D. Cost per bus ((A + B + C):			\$	(D)	
E. Total transportation cost (# of buses X (D)):			\$	(E)	
ADMISSION COST					
F. Student fee:	F. Student fee: # students X		_ = \$	<u>(F)</u>	
G. Adult fee:	# a	dults X	_ = \$	<u>(</u> G)
H. Total admission cost (F + G):			<u>\$</u>	(H	<u>)</u>
TOTAL FIELD TRIP COST I. Total field trip cost (E + H):			\$	(1)	
COST PER PERSON J. Breakdown cost per person (I ÷ # attending)			\$	(J)	
(Complete after	SCHOOL OFFICE er the trip is taken and retur	VERIFICATION			
Field Trip Deposit Date	Deposit Amount <u>\$</u>	Refunds Amount \$			
Principal Signature			Date		
(F	DISTRICT OFFICE Form is to be attached to bu		ication)		
	Actual bus cost				
Less estimated transportation	n cost (E above)				