## 2023-2024 FIELD TRIP ACCOUNTING FORM

This form must be completed by the Office Manager with the help of the requesting instructor and Johnson Bus Company after the Principal's approval of the TEACHER REQUEST FOR BUS FOR FIELD TRIP (page 2 of this form). **Office Managers** - Please return this form to District Office - Attn: Accounts Payable Coordinator for <u>ALL</u> field/class trips as soon as bank deposit is made, but no later than one (1) week following the trip.

<b>GENERAL INFORMATION</b>				
Date of field trip				
Field trip destination				
Number of buses needed				
TRANSPORTATION COST (per bus)				
A. Hourly rate:	\$21.9	93 X	= \$	( A )
B. Mileage:	\$1.50 (71 person capacity)	X Round trip miles	= \$	( B )
C. Service charge: (Minimum charge per trip - \$	(\$8.00 per bus) 547.00)	·	\$	8.00 (C)
D. Cost per bus (A + B + C)			\$	(D)
E. Total transportation cost (# of buses X (D)):  Total buses			\$	(E)
<b>ADMISSION COST</b>				
F. Student fee:	# students X	Advisor	= \$	(F)
G. Adult fee:	# student # adults X	Admission cost	= \$	(G)
	# adult	Admission cost		
H. Total admission cost (F+	G):		\$	(н)
TOTAL FIELD TRIP COST				
I. Total field trip cost (E + H)			\$	(1)
COST PER PERSON				
J. Breakdown cost per person (I ÷ # attending) # attending			\$	(1)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	SCHOOL OFFICE VERIFIC		(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Complete after the trip is			e within o	ne week)
Field Trip Deposit Date Deposit A	mount \$# Refunds	Refur	nds Amount	\$
Principal Signature		Date		
	DISTRICT OFFICE VERIFICA	_		
(Form is to	be attached to bus bill follo	wing verificatio	n)	
Actual bus cost				
Less estimated transportation	cost (E above)			
Estimation Difference		_	Over or Und	er (Estimated cost)