

# Appendix B

## Student Travel Forms

## Student Travel Coversheet

Please attach this sheet to the front of your travel packet.  
Check off all documents that are included.

- Field Trip Request Form
- Travel/Training Request Form (one for each chaperone traveling)
- Agenda w/Dates & Cost of Registration
- Bus Transportation Activity Trip Form with Quote from Boone Transportation (if traveling by school bus) **OR**
- District Vehicle Request Form (if traveling by district vehicle)
- Internal Purchase Requisition Form for:
  - Registration fees
  - Bus fees (if traveling by school bus) **OR**
  - Flights (if traveling by airplane)
  - Airport transportation (use super Shuttle only)
  - Hotel
  - Meals (\$7.00 per person per meal)
- Copy of State Identification Card or Passport
- Copy of Eligibility Form with Student Roster Attached

All documents listed above **MUST** be submitted together as a packet.

**DO NOT** submit incomplete travel packets.

Be sure to acquire **ALL** signatures.

For level I Competition, this packet will be submitted to your campus book keeper.

For Level II & III Competition, this packet will be submitted to the CTE Coordinator through District mail or hand carried.



**GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19  
REQUEST FOR USE OF DISTRICT OWNED ACTIVITY VEHICLES  
\*\*PLEASE SEND ALL REQUESTS TO THE SUPPORT SERVICES OFFICE\*\***

**DISTRICT OWNED ACTIVITY VEHICLES TRIP TICKET**

Line Item: \_\_\_\_\_ School Site: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_ Purpose: \_\_\_\_\_

Destination (City and State):	No. of person Making the Trip (include driver) (9 total occupants only)
<b>Departure Date:</b> <b>Time from CO:</b> <b>Route Dest:</b>	<b>Return Date:</b> <b>Time:</b> <b>Rtn Route Dest:</b>
<b>Name of Certified Driver:</b>	Estimated Mileage (total):
Date Requested (5 class days required): Requested By:	Date Approved: Approved By:

**I acknowledge receipt of the described vehicle, credit cards, and keys.**

<b>Departure Odometer Reading:</b>	<b>Return Odometer Reading:</b>	Miles Driven:
<b>Gas Purchased:</b>	<b>Vehicle Number Assigned:</b> (for official use only)	
<b>Credit Cards:</b> Chevron <input type="checkbox"/> Texaco <input type="checkbox"/> Shell <input type="checkbox"/>	<b>Key Identification:</b> (for official use only)	

**NOTE: IF VEHICLES ARE NOT PICKED UP AN HOUR BEFORE SCHEDULED TIME, VEHICLE REQUEST WILL BE CANCELED.**

**Key Agreement:**

- 1.) I will personally be responsible for keys issued to me and will not lend them to anyone for any purpose whatsoever.
- 2.) I will make sure that all doors opened by me are securely locked upon leaving the premises,
- 3.) In the event I lose a key(s), I will immediately notify my immediate supervisor. Furthermore, I understand that I may be required to pay for the expense of changing the lock combinations on those locks which were dependent upon the lost keys and the expense incurred per key for similar keys which have been issued to other persons.
- 4.) I am aware that a maximum of eight students may be transported in a 9-passenger district activity vehicle; the number of students allowable shall decrease as the size of the vehicle decreases.

**I fully understand and accept the foregoing agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Cell Number/or Contact Number**

\_\_\_\_\_  
**Date**

## ACTIVITY TRIP REQUEST FORM BUS TRANSPORTATION

SCHOOL:		GROUP:	
UNEITEM#-:			
DATE OF TRIP: TIME:		DATE OF RETURN: TIME:	
DESTINATION:			
SPONSOR:			
# OF STUDENTS:	# OF STAFF	# OF BUSES	TOTAL ESTIMATED COST:
APPROVED BY:			
<p><b>CONFIRMATION</b> (TO BE FILLED BY THE TRANSPORTATION DEPARTMENT)</p> <p>Purchase Order#: _____ Purchase Order Date: _____</p> <p>Confirmation#: _____</p>			

NOTE: If this trip is to be paid through Title I, please submit completed form along with the Field Trip Request Form to Federal Programs for approval.