Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

FIELD TRIP REQUEST

INSTRUCTIONS:
1. Select destination and trip date.
2. Complete the field trip request form including complete addresses, billing info, passenger count and estimation box.
3. Estimation will be faxed back.
4. SUBMIT FORM WITH DIRECTOR'S APPROVAL AT LEAST 10 WORKING DAYS PRIOR TO TRIP TO SCHEDULE.
5. CONFIRM TRIP AT LEAST 5 DAYS PRIOR TO DEPARTURE DATE BY PHONE (852-5821).
6. FAILURE TO CANCEL WILL RESULT IN A MINIMUM CHARGE.

SCHOOL _____ TELEPHONE _____
PERSON INITIATING TRIP _____ DATE OF TRIP _____
ACTIVITY _____ ESTIMATED COST _____
TEACHER IN CHARGE OF GROUP _____ ADULTS _____
NUMBER OF STUDENTS _____ _____ AGE LEVELS _____
ambulatory wheelchair

List each stop separately. Show time of arrival and time of departure. <u>Show complete address, including city</u>.

FROM _____ DEPARTURE TIME _____
TO _____ ARRIVAL TIME _____
FROM _____ DEPARTURE TIME _____
TO _____ ARRIVAL TIME _____
FROM _____ DEPARTURE TIME _____
TO _____ ARRIVAL TIME _____
FROM _____ DEPARTURE TIME _____
TO _____ ARRIVAL TIME _____

_____ Date _____ _____ Date _____
Trip Requested By Director Approval

BILL TO:
PROGRAM OR CLIENT NAME _____

BUDGET # _____
OR
ADDRESS _____ **ZIP** _____

Estimate needed? ☐Yes ☐No	Estimate approved? ☐Yes ☐No
# of People: Adults _____ Students _____	By: _____
# of Buses: Small _____ Large _____	OK to schedule trip? _____ Yes _____ No *(initial please)*
# of Miles: _____ $ _____	
# of Hours: _____ $ _____	Trip booked on: _____
Total **ESTIMATED COST** of Trip: $ _____	By: _____

White: Accounting Pink: Transportation Canary: Program
IO:TS:10 Rev. 7/09