

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

Fabius, New York 13063

FIELD

FIELD

Building: Elementary
 Middle School
 High School
 Districtwide

Field Trips

2024-2025

Will Transportation Costs Be Billed to Outside Organization?

EMPLOYEE NAME _____ Subject/Grade _____

GENERAL INFORMATION: As you complete this form, use the following information as a guideline.

- ▶ Use one form for each field trip.
- ▶ Assumed Mileage (i.e., fuel and wear & tear) cost will be \$ 0.99 per mile.
- ▶ Labor cost will be based on \$39.13 per hour for each driver. If you are charging the cost back to a grant, please work with the Transportation and Business Office Departments for a quote.
- ▶ In determining the number of necessary buses, consider the following:
 - ▶ each bus has 20 - 22 seats
 - ▶ students sit three to a seat (60 - 66 students for maximum capacity)
 - ▶ adults can only sit two to a seat
 - ▶ Examples: ... 80 students and 12 Teachers/Adult Chaperones will require two buses -- 27 seats for students and 6 seats for adults
 - ... 124 students and 16 Teachers/Adult Chaperones will require three buses -- 41 seats for students and 8 seats for adults
- ▶ If you should have any questions with the planning of a trip, i.e., mileage, labor cost, or number of buses, contact your Supervisor or the Transportation Department.

Approximate Date of Trip: _____ Site or Destination of Trip: _____

Departure Time: _____ Arrive Back to School at: _____ Total Hours: _____ A

B Total # of Students _____	C Total # of Adults _____	D Total # of Roundtrip Miles for one Bus _____	E Total # of Buses _____
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Calculated Cost of Field Trip:

F Mileage -- Total Miles (D) _____ X # of Buses (E) _____ = Total Mileage _____ X \$ 0.99 = \$ _____ F

G Labor -- Total Hours (A) _____ X # of Buses (E) _____ X \$39.13 = _____

Total Cost of Trip -- F + G = \$ _____

Signature: _____ Date: _____
Employee's/Requisitioner's Signature

Signature: _____ Date: _____
Employee's Supervisor's Signature

Signature: _____ Date: _____
Purchasing Agent's Signature

Business Office Use

Vendor # _____ P.O. # _____

Account # _____ P. O. Date _____