

Hamilton Community Consolidated School District # 328
Activity / Field Trip / Bus Trip

Name _____ Date _____

Building _____ Organization _____

Activity _____

Date of Activity _____ Destination _____

Starting and Ending Time _____ to _____

Is a Substitute needed? YES or NO For which teachers/staff? _____

Is transportation needed? YES or NO For how many? Adults _____ Students _____

Employee Signature _____

Principal Signature _____ Date _____ Approved? YES NO

Superintendent Signature _____ Date _____ Approved? YES NO

Transportation Director Signature _____

Vehicle type (Bus, Van, etc) _____

Odometer Start _____ Odometer Finish _____

Gas Expenses? (Attach receipt) YES or NO