

**BIBB COUNTY SCHOOLS
FIELD TRIPS REQUEST
BUS REQUEST AND DRIVER'S REPORT**

Permit Number _____

Each request per bus must be received in the office of the Superintendent at least TEN days before the date of the trip. No trip is to be made without an approval request from bearing signatures of the principal, superintendent, transportation advisor and mechanic. TAKE check for total due with monthly payroll to central office and place in bus shop mail box. ALL OUT OF STATE OR OVERNIGHT TRIPS MUST BE SUBMITTED SIX WEEKS INADVANCE.

ACTIVITY NUMBER FOR PAYMENT _____ MUST BE FILLED IN

This form is to be completed weather or not a school bus is used for transportation.

DATE OF REQUEST _____ SCHOOL _____ Funding if Different: _____

Date of Trip _____ Time of Trip: (DEPART) _____ (RETURN) _____

Name(s) of Certified Sponsor _____

Destination _____

Connection to Curriculum _____

Means of Transportation ____ School Bus or ____ Charter Bus (please indicate

Name of Driver or Charter Bus Service _____ # of Students _____

Signatures:

Date Approved _____ Principal _____

Date Approved _____ Central Office _____

Date Approved _____ Transportation _____

Date Approved _____ Mechanic _____

Bus to Be Used _____

To be completed by Driver:

Beginning Mileage: _____

Ending Mileage: _____

Total Mileage: _____

Driver to be paid: _____
YES NO Amount

Driver's Signature

BEGINNING TIME _____ ENDING TIME _____ TOTAL _____