



Pahin Sinte Owayawa
 Porcupine School
 P.O. Box 180
 Porcupine, SD 57772
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Field Trip Request

Staff Member: _____ Grade/Sport/Activity: _____

Date of Request: _____ Date of Trip: _____

Number of Students: _____ Number of Adults: _____

DEPARTURE:

Time of Departure / Date: _____

Time of Return / Date: _____

Is a bus driver needed? Yes No

Is this an overnight trip? Yes No

Is lunch needed from the school? Yes No If yes, total cost of sack lunch: \$ _____

ITEMIZED AMOUNT FOR TRIP:

Check / PO payable to:
 (Please indicate for each)

- | | | |
|-------------------------|----------|-------|
| • Admission: | \$ _____ | _____ |
| • Price of Meals: | \$ _____ | _____ |
| • Price of Lodging: | \$ _____ | _____ |
| Total amount requested: | \$ _____ | |

Driver assigned: _____

Beginning Mileage: _____

Bus used for trip: S- _____

Ending Mileage: _____

Gallons of Fuel Used: _____

 Transportation Manager

 Business Manager

 Food Service Manager

 Principal

Account # _____

Grand Total Cost: \$ _____

I agree to submit all the necessary documentation, such as receipts, to the Porcupine School Business Office, for the purchase request, within 2 weeks. If I do not submit the required documentation, I give Porcupine School permission to take the missing amount from my payroll until it is paid in full.

 Employee Signature