

# TRIPS – PROFESSIONAL, FIELD OR COMPETITIVE

STAFF MEMBER: \_\_\_\_\_

FUNCTION NUMBER: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

CLASS/GROUP ACTIVITY	TRAVEL TO	MEALS FEES	NUMBER OF BUSES	HOURS OF TRIP	ESTIMATED COST

<p>APPROVED BY: _____ SUPERVISOR INITIALS</p> <p>DATE APPROVED: _____</p>
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Drivers receive approx. \$12.70 per hour. Please budget additional ½ hour before leave time and ½ hour after return.