

**COFFEE COUNTY SCHOOL SYSTEM  
FIELD TRIP REIMBURSEMENT FORM**

FY2018

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

DATE OF TRIP: \_\_\_\_\_

SPONSOR: \_\_\_\_\_ CLUB/ORGANIZATION: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DRIVER: \_\_\_\_\_ VOLUNTEER PAID ADMIN LEAVE BUS NO. \_\_\_\_\_  
(Circle One)

Regular bus drivers may drive for a field trip that does not interfere with their route. They must be paid for each hour starting with the time they leave until the time they return to school. Regular bus driver may **volunteer to drive** if they have a child participating in the field trip. If the regular bus driver uses pre-approved Personal Leave or takes Leave Without Pay, they can receive payment for the field trip. Regular bus drivers who use Administrative Leave will not receive pay for the field trip.

**THIS FORM IS TO BE USED AS AN INVOICE  
INFORMATION BELOW MUST BE LISTED ON THE PURCHASE ORDER**

**AMOUNT OWED FIELD TRIP DRIVER:**

**SINGLE DAY**

1 HOURS: \_\_\_\_\_ X 7.25= \$ \_\_\_\_\_  
2 MILEAGE: \_\_\_\_\_ X 1.20= \$ \_\_\_\_\_  
(TO COUNTY)

Benefits:  
\$ \_\_\_\_\_ X \*12.24% Ret = \$ \_\_\_\_\_ a  
(1) X 6.20% SS = \$ \_\_\_\_\_ b  
X 1.45% MC = \$ \_\_\_\_\_ c  
X .00% UE = \$ \_\_\_\_\_ d  
Total Benefits \$ \_\_\_\_\_  
(a+b+c+d)

\*Teacher Retirement—Must pay if an employee of CCBOE.

**OVERNIGHT**

6 MILEAGE: \_\_\_\_\_ X .15= \$ \_\_\_\_\_  
7 # OF NIGHTS: \_\_\_\_\_ X 25.00= \$ \_\_\_\_\_  
8 ROOM RATE: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
9 AMT FOR MEALS: \_\_\_\_\_ \$ \_\_\_\_\_  
10 MILEAGE: \_\_\_\_\_ X 1.20 = \$ \_\_\_\_\_  
(TO COUNTY)

11 AMT DUE FIELD TRIP DRIVER \$ \_\_\_\_\_  
(6 + 7 + 8 + 9)

Benefits:  
\$ \_\_\_\_\_ X \*12.24% Ret = \$ \_\_\_\_\_ f  
(11) X 6.20% SS = \$ \_\_\_\_\_ g  
X 1.45% MC = \$ \_\_\_\_\_ h  
X .00% UE = \$ \_\_\_\_\_ i  
Total Benefits \$ \_\_\_\_\_  
(f+g+h+i)

\*Teacher Retirement-Must pay if an employee of CCBOE.

LSA GENERAL LEDGER # for MILEAGE \_\_\_\_\_  
LSA GENERAL LEDGER # for DRIVER \_\_\_\_\_

**ATTACH COPY OF APPROVED ACTIVITY BUS REQUEST FORM**

PRINCIPAL'S SIGNATURE \_\_\_\_\_

**TOTALS FOR THIS FORM**

FIELD TRIP DRIVER: \$ \_\_\_\_\_  
MILEAGE TO COUNTY: \$ \_\_\_\_\_  
BENEFITS TO CCBOE: \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_