## **Elmore County Public Schools**

## Athletic/Extracurricular/Field Trip

Authorization Report Trip # <u>17/18</u>-

School:	Subject Area/Group:		
Teacher/Coach:	Cell Number:		
Purpose of the Trip:			
Destination of Trip:	Date of Trip:		
Departure Time:	Return Time:		
Group Size:	Number of Chaperones:		
Driver's Full Name:	Cell Number:		
Mileage: Odometer Ending Mileage:	Bus:		
Odometer Beginning Mileage:	<del>_</del>		
Total Miles Traveled:	_@ \$1.20/mile =	\$	_Bus Operation Cost
		\$	_Driver Cost (include benefits)
		\$	_Total Cost
			Check Number
Pay rate for Drivers (for up to 6 hours) is \$43.50. (Additional \$8.81 must be included for the cost of benefits.) Total cost is <b>\$52.31.</b> For trips over 6 hours, there will be an additional cost of \$7.25 per hour and \$1.59 per hour for cost of benefits for a total of <b>\$8.84 per hour over the 6 hour limit.</b>			
I certify that the above trip and the total	Il hours indicated	were made as	authorized.
Teacher:			
Driver:			
Principal:			
It is the Teacher/Coach responsibility to	see that all moni	es for trips are	turned in to the school

It is the Teacher/Coach responsibility to see that all monies for trips are turned in to the school Bookkeeper before the following payroll for drivers and operational costs to be paid promptly.