

WELLSBORO AREA SCHOOL DISTRICT  
Field Trip Transportation Request Form

PMEA  
- District 8 Chorus

1. Teacher: Dan Sensenig School: WAHS
2. No. of Students: 8 Adults: 1 Class or Organization: WAHS Music Department
3. Date of Trip: Feb 6-8, 19 Destination: Williamsport CAC Total Miles: ≈ 130 miles
4. Estimated departure time: 1 pm From: HS
5. Estimated return time (arrival in the district): \_\_\_\_\_
6. Meal Plans (if applicable): meals provided, may need a meal on the way, which was budgeted for
7. Is school bus transportation required?  Yes  No → school van How many? \_\_\_\_\_
8. Will a coach bus be required?  Yes  No How many? \_\_\_\_\_  
school van @ \$54 X approx 130 miles (down, back + around) = \$70.20
9. Are private cars to be used?  Yes  No If yes, how many cars will be used? \_\_\_\_\_
- Who are the drivers? \_\_\_\_\_
- Are all of the cars to be used covered by at least \$50,000 - \$100,000 (preferably \$100,000 - \$300,000) of insurance, and do you have proof?  Yes  No
- The district is requested to pay \$ 1,589.20 out of the total cost of \$ 1,589.20  
Account Code Number \_\_\_\_\_  
*(This is an estimate based off of last years costs + known current costs)*
11. If the district is not expected to pay all of the costs, what other funds are going to be used?  
Account Code, if appropriate: 1110.581.000
- Notes: see a attachment for itemized costs.
12.  For overnight field trips, a list of Students and Chaperones is attached.
13.  A brief itinerary/description of trip is attached.
14. Signature of Teacher: [Signature] Date Submitted: 10/23/18
15. Principal's Approval: [Signature] Date: 10/23/18
16. Superintendent's Approval: [Signature] Date: 12/14/18
17. Received by Transportation Coord.: \_\_\_\_\_ Date: \_\_\_\_\_
18. Estimated Cost: \_\_\_\_\_ Bus Contractor: \_\_\_\_\_

- Distribution:  Original - Superintendent/Transportation Coordinator  Copy 2 - Building Secretary  
 Copy 1 - Business Office (SS, FS, AA)  Copy 3 - Faculty Member

Attachment X-3A-2