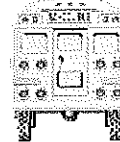


Rhinebeck Central School District REQUEST FOR ATHLETIC TRIPS



THE BUSINESS OFFICE (Attn: Susan McCormack) MUST RECEIVE THIS FORM **NO LATER THAN FIVE (5) WORKING DAYS PRIOR TO THE TRIP.** This form must be completed and approved by the Building Principal **OR THE FORM WILL BE RETURNED TO REQUESTOR.**

Today's Date: _____ Requestor: _____

Trip Date: _____ Day: (Circle) Mon., Tues., Wed., Thurs., Fri., Sat

Time of Departure **from** School: _____ AM/PM From: HS, MS, ELEM. (**Circle One**)

Destination: _____

Time of Departure **from** Trip Site: _____ AM/PM

Time of Return Time **back to** School: _____ AM/PM

CHANGES:

DATE: _____ TIME: _____

LOCATIONS: _____

Requestor's Initials: _____ Transporter's Initials: _____

Trip will return to school after 2:00 PM YES/NO?

Total Number to be Transported: _____ (# of students: _____ # of Adults _____)

Building Principal/Athletic Director Signature: _____ Date: _____

Budget Code: _____

Business Administrator Approval: _____ Date: _____

It is the responsibility of the requestor to contact the Business Office one (1) working day prior to the trip, to verify the transportation arrangements.

Contractor Information:

Estimated Cost of Trip: \$ _____ Trip Scheduled (check one): Yes _____ No _____

Contractor is to attach a copy of the Charter slip with invoice and forward to the Business Office for processing of payment.

Contractor's Authorized Signature: _____ Date: _____

BUSINESS OFFICE USE ONLY:

RECEIVED FROM REQUESTOR: _____ RECEIVED BACK FROM

CONTRACTOR: _____

Contractor: _____

Funds Available: Yes _____ NO _____ Budget Code: _____

Final Approval for Payment: _____

Business Administrator