## MADERA UNIFIED SCHOOL DISTRICT FIELD TRIP REQUEST FORM

1	TRIP NUMBER

SCHOOL/CUSTOMER:		DEPARTURE DATE:	ADULTS:		
REQUESTOR E-MAIL:		RETURN DATE:	STUDENTS:		
CONTACT:		DEPART TIME:	WHEEL CHAIRS:		
DESTINATION:		ARRIVAL TIME: Optional	EST. TIME: Optional		
DESTINATION ADDRE	ESS:	LEAVE TIME: Optional	EST. MILES: Optional		
FUND SOURCE:		RETURN TIME:(Time back@ you	ur site) PURPOSE:		
FUNDING NUMBER:	Fund Resource	School Goal Function	- Obj Dept Year		
EDUCATIONAL JUSTIFICATION:					
CUSTOMER SPECIAL Enter the following inforcharter bus? Is this a re	in the field trip. If the driver need in the field trip. If the driver need lunction here: Do you need lunction here: Do you need for a rental vehicle? Do y here or fax it to our office at	eds to pick up lunches, please enter that in nches picked up, if so, where? Do you nee o you have a special pick up location? Do	ch request" form to lunch clerk at your school site iformation in the "customer special instructions".  ed a wheel chair bus? Is this a request for a you have any rest stops scheduled? You can he time of this request. Anything else you need us		
FOR TRANSPORTA					
TRIP COMMENTS: Can be used the same	way as the "customer special	I instructions".			
REQUESTOR'S S	IGNATURE:		DATE:		
SITE ADMINISTR	ATOR:		DATE:		
EDUCATIONAL SERVICES:			DATE:		

DISTRIBUTION: WHITE: SITE OFFICE

YELLOW: ORIGINATOR

PINK: BUSINESS OFFICE & ED SERVICES

This form will be used to submit field trip request online via Webtrips to the Transportation Department by your office staff or program coordinator. All field trips must be entered into Webtrips 2 weeks prior to the departure date.