

CCPS Transportation Department Field Trip Worksheet

Rev. 11 Aug. 2023

Group Name: _____ Date(s) of Trip: _____

Destination: _____

Number of students and chaperones: _____

Total Number of buses requested
(regular buses have 24 seats and special needs buses have 10 - 12 seats): _____

Total Mileage (round trip miles) _____ X Number of Buses _____ X \$2.50 per mile =

Total estimated cost for mileage = _____ (Mileage Cost)

Departure Time: _____ Return Time: _____

Total number of hours (minimum of 3 hours; please add 30 minutes for pretrip inspection and loading):

Total Trip Hours: _____ X Total Number of buses requested _____ X \$16 per hour =

Total Estimated Hourly Cost: _____

Miscellaneous Costs (if applicable: parking fees, driver meals, driver lodging): _____

Mileage Cost: _____ + Hourly Cost: _____ + Misc. Cost: _____ =

Total Transportation Cost: _____

Please see your school bookkeeper to estimate trip insurance costs.