FIELD TRIP / VEHICLE REQUEST FORM
ALMIRA SCHOOL DISTRICT No. 17

Destination: _______________________________________________________

Date of Trip: _______________________________________________________

Class or group traveling: ___________________________________________

Purpose of trip: ___________________________________________________

Lunch arrangements: _____________________________________________

Time leaving Almira: _______________ Time arriving Almira: _____________
Time leaving Hartline: _______________ Time arriving Hartline: ___________
Time leaving C.C.: _______________ Time arriving C.C.: _________________

Total number of people needing transportation: _________________________

In case of emergency, contact on the trip will be: _______________________

And can be reached by phone number: ________________________________

Requested by: _____________________________________________ Date: __________

Approved by: _____________________________________________ Date: __________

The approval of the request will be dependent on the availability of funds in the budget. The district has a motor vehicle which individuals will be required to use when available. If the district vehicle is not available then the individual may use their own vehicle and be reimbursed at the rate established by the IRS. All travel expenses must be submitted within 30 days from the time they are incurred to obtain reimbursement. Every effort should be made to consolidate transportation needs when more than one person is attending the same function. If you are involved in a traffic accident, notify the police. Do not make any statements which may be held against you. Call one of the administrators at these numbers:

Kelsey Hoppe – 509-641-0168
Justin Manning 641-0154

If an accident should occur, obtain the following information:

Name of other driver: _______________________________________________
Car license number: _________________________________________________
Other Driver’s Insurance Company: _________________________________
Witnesses: _________________________________________________________
Injuries, if any: ___________________________________________________
Police Officer at scene: _____________________________________________

Copies distributed: Transportation____ Food Service____
Principal____ Teacher____
Nurse____ Secretary____