



**BOARD OF EDUCATION
SCHOOL DISTRICT NO. 50
(HAIDA GWAII)**

FIELD TRIP BUSSING REQUEST/INVOICE

Date	
Name	
School	
Telephone	
Purpose	

Initial Trip	Location		
	Date:	Pick up time:	Drop off time:
	# of Passengers		

Return Trip	Location		
	Date	Pick up time:	Drop off time:
	# of Passengers		

Do you require the bus driver to stay for the duration of the field trip? Please check one:

YES

NO

Total Amount of Invoice	\$

Cost Account Distribution	
Account Code:	\$
Account Code:	\$
Bus #:	
Driver:	

Principal Signature

District Authorization