



Please send at least one week prior to sale

Board Agenda Approval for Trip (if needed): _____

School: _____

Grade(s) / Group: _____

Date(s) of Trip: _____

EVENT/DESTINATION: _____

Person Requesting C.P. Set Up : _____

Dept: _____

Phone: _____

Email: _____

First & Last Name of Teacher(s)/Advisor(s):

EMAIL@wayneschools.com

(If more than 6 use back of form)

Community Pass START Date/Time: _____

Community Pass END Date/Time: _____

Final Cost Per Student: \$ _____

Final Cost Per Chaperone: \$ _____

This cost is (check one): Admission Only _____ Bus Only _____ Admission & Bus _____

A - ADMISSION

of Students _____

Student: \$ _____

of Chaperones _____

Chaperone: \$ _____

of Staff Chaperones _____

#B - TRANSPORTATION

Trips Only: Transportation Company (select one)

Total Cost: \$ _____

_____ Wayne BOE Transportation

Cost/Student: \$ _____

_____ Other - List Name: _____

#C - ADDITIONAL FEES

Fees (ie: parking, etc.): \$ _____

#D - DONATIONS

Donation Total: \$ _____

TOTAL COSTS #A + #B + #C minus #D =

Rounded up Total: \$ _____

Add. Fee Cost per Student: \$ _____

Donation Per Student: \$ _____

Payment **DEADLINE:** _____

(Please refer to the check request schedule)

Deposit (if any) **DUE BY:** _____

Deposit Amount: \$ _____

Payment/Final **DUE BY:** _____

Payment / Final Amount: \$ _____

Comments/Additional Instructions:

Advisor/Principal Approval: _____ Date: _____

AFTER THE TRIP/EVENT/SALE

Total from Community Pass collected: \$	# A - PO#	\$
Donation if any: \$	# B - PO#	\$
Total amount for trip: \$	# C - PO#	\$
Total collected: \$		Total paid: \$
Minus total paid: \$		
BALANCE: \$		

Attach the approved field trip request with this form to payments@wayneschools.com & keep a copy for your records.