

### Special Trip Authorization Form

Grade or Department \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination \_\_\_\_\_ Bus Driver \_\_\_\_\_

\_\_\_\_\_ Bus Number \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leave CCUSD	Estimated _____	Actual _____	Arrival	Estimated _____	Actual _____
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Return CCUSD	Estimated _____	Actual _____	Arrival	Estimated _____	Actual _____
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Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Rest Stops \_\_\_\_\_

Overnight Arrangements \_\_\_\_\_

Chaperones Attending \_\_\_\_\_

Teacher or Supervisor Attending Trip \_\_\_\_\_

Miles:  
Leave CCUSD \_\_\_\_\_ Arrive @ Destination \_\_\_\_\_

Leave Destination \_\_\_\_\_ Arrive @ CCUSD \_\_\_\_\_

Total Mileage \_\_\_\_\_ Return Time \_\_\_\_\_

I hereby verify that the trip was completed as authorized.

Bus Driver \_\_\_\_\_ Date \_\_\_\_\_