




# MUSD Field Trip Quote & Request

Revised 5/2019

<b>Send To:</b> <a href="mailto:jkowalski@musd20.org">jkowalski@musd20.org</a> <b>CC:</b> <a href="mailto:spulido@musd20.org">spulido@musd20.org</a> MUSD TRANSPORTATION 44205 W. HONEYCUTT ROAD, MARICOPA, AZ 85138 (520) 568-6120	<b>A trip request MUST be submitted          AT LEAST 15 days prior to the trip date.</b>  Your cooperation is appreciated  <b>Thanks for letting us serve you!</b>	Complete if needed <b>Purchase Order or Invoice          needed for billing</b> <input type="checkbox"/>
		<b>Purchase Order or Invoice #:</b>

**Please fill out all of the following information.**

Date requested:	<input type="checkbox"/> Quote Only	<input type="checkbox"/> Trip Request	<input type="checkbox"/> Both
Date of trip:			
Person requesting trip:		Person requesting trip Phone:	
From Location:		To:	
Loading Location:		Destination Address:	
Additional destinations (if more than one):			
Loading Time:	Depart Site Time:	Return Load Time:	Unload at School Time:
<b>Please check one Fund Code: (If this section is not complete it will be sent back)</b>			
Athletics <input type="checkbox"/>	Band <input type="checkbox"/>	AUX (Auxiliary) <input type="checkbox"/>	TAX CREDIT <input type="checkbox"/>
STUCO (Student Council) <input type="checkbox"/>	CTE M&O (Career Tech Ed) <input type="checkbox"/>	BASP (Before & After School Program) <input type="checkbox"/>	ESS (Special Needs) <input type="checkbox"/>
Undercarriage for equipment required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Wheelchair: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of wheelchairs: _____		
Number of vehicles needed: _____ (56 people per bus)	_____ Van (8 people)	_____ Shuttle (14 people + Driver)	
Number of people: _____			
Contact person day of trip:	Cell Phone Number:		

**Transportation Use Only – Billing contact Ariana Nelson - [anelson@musd20.org](mailto:anelson@musd20.org)**

<u>ESTIMATED COST</u>		<u>ACTUAL COST</u>	
DRIVER HOURS	_____ X \$28.00=	DRIVER HOURS	_____ X \$28.00=
TOTAL MILES	_____ X \$2.50=	TOTAL MILES	_____ X \$2.50=
TOTAL QUOTE FOR TRIP	\$ _____	TOTAL COST FOR ACTUAL TRIP	\$ _____
REQUESTED # OF BUSES		ACTUAL # OF BUSES USED	

**Completed by Driver**

Driver:	Start Time:	Start Mileage:
Bus Number:	End Time:	End Mileage:
		Total Mileage:

**Administrators:** Once you receive this form, please type your signature in the appropriate location and send the form to [jkowalski@musd20.org](mailto:jkowalski@musd20.org). Your email will be considered authentication of your signature and approval of this request.

Approved- School Site Signature:	Date:
Approved – Transportation’s Signature:	Date:

Instructions:

Complete the MUSD Field Trip Quote & Request Form and send it via e-mail to:

Javier Kowalski (520) 568-6120 ext. 1155 – [jkowalski@musd20.org](mailto:jkowalski@musd20.org), copy the Transportation Director Sergio Pulido (520) 568-6120 ext. 1163 – [spulido@musd20.org](mailto:spulido@musd20.org)

*If you need a Purchase Order or Invoice - check the box in upper right hand corner. If you have a Purchase Order number place in box below. Transportation will assign an invoice number.*

Check the box if you want a Quote Only (a quote will be sent to you without scheduling trip), Trip Request (meaning the trip will be scheduled it immediately), or Both (a quote will be sent and trip will be scheduled).

\*MHS Shuttle – If coach or teacher drives only milage will be charged, if we supply driver we will add driver hrs.

\*Trips from a MUSD school to a MUSD school – No charge

**Loading Time:** Time you want the bus at your destination. **Depart Site Time:** Time to Leave

**Return Load Time:** Time you want the bus at your destination to return and load.

**Return Site Time:** Arrival Time to get back to original destination, please include travel time with this time. *Note: Due to new charges of Driver Hours, the sponsor on the bus should email the exact time they were dropped off so we can have a more accurate billing process.*

**Fund to be charged:** THIS MUST BE COMPLETE OR IT WILL BE SENT BACK. Please check the box that applies to your program fund. If you do not know please check with your secretary or Admin Assistant for proper fund.

**Contact Person Day of Trip:** This would be the person on the field trip in charge. We would prefer the person's cell phone number, if possible.

**Estimated Cost:** This is a QUOTE Only the actual will be sent after the trip is complete.

**Actual Cost:** Completed by Transportation, once trip is complete with Actual Mileage, Actual Driver Hours, and Total Cost. *Note: Due to new charges of Driver Hours, the sponsor on the bus should email the exact time they were dropped off so we can have a more accurate billing process.*

**Field Trip Questions:** Javier Kowalski (520) 568-6120 ext. 1155 – [jkowalski@musd20.org](mailto:jkowalski@musd20.org)

**Field Trip Billing Questions:** Ariana Nelson (520) 568-6120 ext. 1151 – [anelson@musd20.org](mailto:anelson@musd20.org)