## FIELD TRIP ESTIMATE REQUEST



Estimates for field trips will be responded to by email or fax as soon as possible after receipt of this completed request. Please ensure all sections are completed to enable us to expedite the processing of your request. Please note:

- Complete the SCHOOL USE portion of this form only
- Fax the completed form to the Transportation Dispatcher at 250-748-2132 or email to <a href="mailto:transportationdispatch@sd79.bc.ca">transportationdispatch@sd79.bc.ca</a>
- Keep your copy for your records
- A **RECEIVED** and signed estimate will be faxed or emailed back to the school secretary
- This form does NOT constitute a booking
- · A Transportation Request form is still required 10 clear teaching days before the field trip date
- If you decide to book a field trip from this estimate please use this **field trip reference number** on your transportation request form.

## **SCHOOL USE**

	-										
	UESTING TRANSPORT		REQUESTING TEACHER NAME				CONTACT PHONE #				
PLANNED ACTIVITY & TIME				TODAY'S DATE		DAY REQUIRED DAY			REQUIRED		
LOAD TIME	DEPART TIME	POINT OF DEPARTURE (usually your school	ly your school)			DESTINATION (where you're going)					
LOAD TIME	DEPART TIME	SECOND POINT OF DEPARTURE (if you're going to multiple places)			DESTINATION				ARRIVAL TIME		
LOAD TIME	DEPART TIME	THIRD POINT OF DEPARTURE (if you're going to multiple places)			DESTINATION				ARRIVAL TIME		
LOAD TIME	DEPART TIME	FOURTH POINT T OF DEPARTURE (if you're going to multiple places)			DESTINATION				ARRIVAL TIME		
LOAD TIME	DEPART TIME	FINAL POINT OF DEPARTURE			RETURN DESTINATION (usually your school)				RETURN TIME		
There are 2	28 seats on a h	ous. One hus can legally & s	safely	carry 84		NUMBER OF S	TUDENTS		# OF		
<ul> <li>There are 28 seats on a bus. One bus can legally &amp; safely carry 84</li> <li>Grade K to 5 students (3 per seat) or 56 Grade 6 students &amp; adults</li> </ul>						GR K-5	GR 6	5-12	ADULTS		
	•	ation there of. Please enter									
				Idamiium							
number of actual people that may be on this field trip.  Itinerary to be attached if more Point of Departure space is						WHEELCHAIR REQUIRED?   HARNESS REQUIRED?					
needed.	De attached	ii more i omi oi beparture	Space	. 13	**PLEA	SE CONTACT TR	ANSPORTAT	TION AT 25	<mark>0-748-1066</mark>		
• We do not have a large wheel chair bus – unless you only have a						EXT 273 TO GIVE PARTICULARS SO BUS IS PROPERLY					
	•	a wheel chair <b>2 buses</b> will b	EQUIPED								

## **DISPATCHER USE**

2.0										
# OF BUSES/DRIVERS	PRETRIP/END OF RUN	DEPART TIME	RTN/START OF RUN	TOTAL SIT TIME	TOTAL DRIVE TIME	TOTAL DRIVER TIME				
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COMMENTS:	ESTIMATED COST									
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						\$				
FIELD TRIP REFERENCE #		PLEASE NOTE THAT	ΓTHIS IS AN _	ESTIMATED BY DISPATCH	DATE					
		ESTIMATE C	ONLY							
		HE ACTUAL COST WILL'	VARY DEPENDING							
		ON ACTUAL T	rimes.							
FIELD TRIP REFERENCE #		PLEASE NOTE THAT ESTIMATE O THE ACTUAL COST WILL V	ONLY. VARY DEPENDING	ESTIMATED BY DISPATCH	\$ DATE					