

***School District of Lomira
Field Trip Billing Form
2015-2016 School Year***

Organization or Class: _____

Advisor or Teacher: _____

Date of Field Trip: _____

Nature of Trip: _____

Destination: _____

Cost of Driver: Driver #1: \$12.00 x _____ hrs. = \$ _____

 Driver #2: \$12.00 x _____ hrs. = \$ _____

 Driver #3: \$12.00 x _____ hrs. = \$ _____

Total Cost of Driver \$ _____

Mileage Cost: \$2.00/mile

Bus #1: _____ miles @ \$2.00/mile = \$ _____

Bus #2: _____ miles @ \$2.00/mile = \$ _____

Bus #3: _____ miles @ \$2.00/mile = \$ _____

Total Mileage Cost \$ _____

TOTAL COST OF TRIP \$ _____