



Always On The GO

Ph. (954) 452-3710

FIELD TRIP REQUEST FORM

COMPLETE INFORMATION & E-MAIL OR FAX A.S.A.P.

Date of Trip: ____/____/____ **AOTG Confirmation** _____ **By:** _____

RATES FROM: \$110 PER HOUR / 4 HOURS MINIMUM / LESS THAN 50 MILES / \$10 EXTRA PER HOUR EVERY 50 MILES TRAVELLED - NIGHTS, HOLIDAYS & WEEKENDS / 5 HOURS MINIMUM.

Organization Name (School): _____ **# of Vehicles:** _____

of passengers including chaperons: _____

Organization Address: _____ City: _____ State: _____ Zip: _____

Phone:(____) _____ - Fax #: (____) _____ - Emergency Ph.#:(____) _____ -

E-mail: _____

Contact: _____ Signature: _____ Date: ____/____/____

PICK-UP INFORMATION

Location and Address: _____

Pick-up: Request Vehicle Arrive at: _____ (enter time)

Completion Time: We will be back at our School / Organization by: _____ (enter time)

We will need the vehicle for a total of approximately _____ hours.

NO EATING OR DRINKING ON THE BUS

Notice: A \$20 cleaning fee will be applied should food, candy and/or soda be found in the bus at any time during the trip.

DESTINATION INFORMATION

Name of Location: _____

Address: _____ Phone #: (____) _____ - _____

Directions: _____

===== DRIVER USE ONLY =====

Driver Name: _____ Vehicle #: _____

Report Time (at Base) : _____ Odometer (at Base): _____ miles Depart Time (from Base): _____

(1) Arrive Time at P/U: _____ (3) Odometer Start: _____ miles Boarding Time at P/U: _____

(2) Return Time at P/U: _____ (4) Odometer Finish: _____ miles

Perform walk-down of bus (prior to obtaining customer signature below): Cleaning fee applicable? (Y / N)

Finish Time (at Base): _____ Odometer (at Base): _____ miles Refueling needed ?(Y / N)

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Trip Completion Time & Mileage: ____/____ Signature: _____

(Organization Representative)