



Transportation Department
 Field Trip Office
 1780 West Seventh Street
 St Paul MN 55116
 Voice 651-696-9628

Fax 651-265-0910

Please fill out entire form except trip number. Direct questions to the Field Trip Office 651-696-9628.

Order Date _____ Trip # _____

Ordered By _____

Phone Number _____

School/Dept _____

Budget Number _____

Administrator _____

Activity/Field Trip Order Form

Revised 7/22/2003

Trip Day	Trip Date	Depart Time	Return Pick Up Time
Name of Group _____ Person in Charge _____ Number of Students _____ Number of Adults _____		Origin: indicate specific loading point	
Special Equipment Needed Lift Bus Needed <input type="checkbox"/> Seat Belts Needed <input type="checkbox"/> Trailer Needed <input type="checkbox"/> # of Wheel Chairs riding <input type="checkbox"/> # Seat Belts Needed <input type="checkbox"/>		Destination: include addresses	
Comments _____ _____			