

J.A.M.M. Transit

a subdivision of
INCA Community Services, Inc.

FIELD TRIP REQUEST/AUTHORIZATION/REPORT

County: _____ **Van #:** _____ **Driver:** _____

Date of Field Trip: _____ **Start Time:** _____ **End Time:** _____

Pick Up Location: _____

Drop Off Location: _____

Destination: _____

Objective: _____

Estimated Mileage (One Way): _____ **Fare per trip:** _____

FIELD TRIP FARES			
Mileage (on way)	Cost Mini Van	Cost Maxi Van	Cost Bus
10 - 14	\$25.00 per trip	\$30.00 per trip	\$50.00 per trip
15 - 25	\$30.00 per trip	\$50.00 per trip	\$75.00 per trip
26 - 50	\$60.00 per trip	\$100.00 per trip	\$150.00 per trip
51 - 75	\$100.00 per trip	\$150.00 per trip	\$225.00 per trip
75 and above	\$100.00 + \$10.00 for every 10 miles over 75	\$150.00 + \$10.00 for every 10 miles over 75	\$225.00 + \$10.00 for every 10 miles over 75

Requested By: _____ **Approved By:** _____

Driver _____ **Date** _____ **Supervisor** _____ **Date** _____

Date of Field Trip: _____ **Start Time:** _____ **End Time:** _____

Number of Passengers: _____ **Total Trip Miles:** _____ **Total Fare Collected:** _____

Narrative: _____

Driver _____ **Date** _____