

Bastrop ISD

Field Trip Time Sheet

Name: _____
*Note: Enter name as printed on social security card
on file with BISD Human Resources Department*

Campus: _____
Normal Assignment

Last 4 Social
Security No: _____

Coaching
Assignment: _____
Normal Assignment

Week: _____

Assigned Event: _____

			Select In-District or Out-of-District	
Date	Opponent/Event	Location/Destination	In-District \$20	Out-of District \$40
			Totals	

Circle appropriate budget code:

Employee signature _____ Date _____

199-36-6412-00-001-091-000 - BHS

199-36-6412-00-002-091-000 - CCHS

Supervisor signature _____ Date _____

199-36-6412-00-041-091-000- BMS

199-36-6412-00-106-091-000 - CCMS

Athletic Director signature _____ Date _____

Enter alternate budget code:

BISD employee *If athletic event, submit original form to Jennifer Adare/BHS or Monica Garcia/CCHS (within 5 business days of field trip)*

For non-athletic event, submit form to supervisor

Supervisor *Complete budget code information, sign, submit original form to Athletic Director.*