

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: John Sinnott School DATE REQUEST SUBMITTED: Aug 3, 2016

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Mrs Le, Mrs Clemente, Ms Long

DATE OF FIELD TRIP: Oct 25, 2016 DATE OF RETURN: Oct 28, 2016

TIME OF DEPARTURE: 8:15 AM PERIODS (Circle) 1 2 3 4 5 6 7 All Day TIME OF RETURN: 10:30 AM

DESTINATION (Include address): Walden West 13851 Stevens Canyon Rd. Cupertino 95014

DISTANCE FROM SCHOOL SITE (one way): 20 miles

TOTAL NUMBER OF PARTICIPANTS: 100 NUMBER OF STUDENTS: 95 NUMBER OF ADULTS: 3

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Walden West Cabins

MODE OF TRANSPORTATION (check one): Chartered Bus [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: First Student

BUS INSURANCE VERIFIED BY ACCOUNT TECH III [X] JT (Initial) Ins Exp. 12/31/16

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS:

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements). It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: [] (Principal's Initial) [] (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Students are engage in Life Science Curriculum

COST ANALYSIS: PR 192516 Transportation Cost: \$1240- Other Fees: \$30,000 Total Cost: \$3240.00

HOW WILL THIS BE PAID?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010, 0000, 0, 5807, 0, 1110, 1000, 037002, 019, 0000

REQUISITION # 192516 (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

PRINCIPAL'S SIGNATURE: () Approved () Not approved

Only use this section if needed:

* If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts

Assistant Superintendent, Business Services signature (or designee):

* If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee)

MILPITAS UNIFIED SCHOOL DISTRICT
APPLICATION FOR FIELD TRIP APPROVAL

AUG - 5 2016 OP-40

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

EDUCATIONAL SERVICES

SCHOOL: Milpitas High School

DATE REQUEST SUBMITTED: 7-15-16

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: A. Mutchison Digital Business Academy

DATE OF FIELD TRIP: Sept 20, 2016

DATE OF RETURN: 9-20-16

TIME OF DEPARTURE: 7:30 AM

PERIODS (Circle): 1 2 3 4 5 6 7 All Day

TIME OF RETURN: 4:30 PM

DESTINATION (Include address): Angel Island, CA (TIBURON)

DISTANCE FROM SCHOOL SITE (one way): 65 miles

TOTAL NUMBER OF PARTICIPANTS: 40 NUMBER OF STUDENTS: 38 NUMBER OF ADULTS: 2

OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: N/A

MODE OF TRANSPORTATION (check one): Chartered Bus Private Vehicles Public Bus District Bus Walking

IF USING A CHARTERED BUS, IDENTIFY COMPANY: San Jose Charter

CAR INSURANCE VERIFIED BY ACCOUNT TECH III IT (Initial) 06/16/2017

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: N/A

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).

It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: (Principal's initial) (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum):

Integrated curriculum (history & english) study of Chinese Immigration

COST ANALYSIS: Transportation Cost: \$1200 Other Fees: \$ _____ Total Cost: \$1200

HOW WILL THIS BE PAID? 7220

| CHARGE TO ACCOUNT: | FD | RES | Y | OBJ | SOBJ | GOAL | FUNC | CCTR | SCH | MGMT |
|--------------------|-----|----------------|---|------|------|------|------|-------------------|-----|------|
| | 060 | 350 | 0 | 5807 | 00 | 1110 | 1000 | 350-00 | 041 | 0000 |

REQUISITION # 191342 (attached) or other explanation of how fees will be paid: Academy/ASB (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

PRINCIPAL'S SIGNATURE: [Signature] Approved () Not approved

Only use this section if needed:

* If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

* If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee) _____

5717-14

MILPITAS UNIFIED SCHOOL DISTRICT

OP-40

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Milpitas H.S. DATE REQUEST SUBMITTED: 5/27/10

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy

DATE OF FIELD TRIP: 10/15/10 DATE OF RETURN: 10/15/10

TIME OF DEPARTURE: 2 pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 1 am

DESTINATION (include address): Del Oro HS 3301 Taylor Rd, Lomis, CA 95650

DISTANCE FROM SCHOOL SITE (one way): 134 miles

TOTAL NUMBER OF PARTICIPANTS: 170 NUMBER OF STUDENTS: 150 NUMBER OF ADULTS: 20

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION:

MODE OF TRANSPORTATION (check one): Chartered Bus [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III [X] JT (initial) 06/06/17 Ins Exp.

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS:

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements). It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: [] (Principal's initial) [] (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Band competition

COST ANALYSIS: Transportation Cost: \$ 6,703.59 Fees: \$ - Total Cost: 6,703.59

HOW WILL THIS BE PAID?

| CHARGE TO ACCOUNT: | FD | RES | Y | OBJ | SOBJ | GOAL | FUNC | CCTR | SCH | MGMT |
|--------------------|-----|------|---|------|------|------|------|---------|-----|------|
| | 010 | 0000 | 0 | 5807 | 00 | 1110 | 1000 | 010 600 | 041 | 0000 |

REQUISITION # 191439 (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X-4189

PRINCIPAL'S SIGNATURE: [Signature] [X] Approved () Not approved

Only use this section if needed:

* If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts

Assistant Superintendent, Business Services signature (or designee):

* If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee)

TT/7-1

MILPITAS UNIFIED SCHOOL DISTRICT

OP-40

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Milpitas H.S. DATE REQUEST SUBMITTED: 5/27/16

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS music, Kaldy

DATE OF FIELD TRIP: 11/19/16 DATE OF RETURN: 11/19/16

TIME OF DEPARTURE: 3pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 1am

DESTINATION (include address): Fairfield HS 205 E Atlantic Ave, Fairfield CA 94533

DISTANCE FROM SCHOOL SITE (one way): 70 miles

TOTAL NUMBER OF PARTICIPANTS: 170 NUMBER OF STUDENTS: 150 NUMBER OF ADULTS: 20

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus Private Vehicles Public Bus District Bus Walking

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) Ins. EXP 06/06/17

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements). It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: _____ (Principal's initial) _____ (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Band competition

COST ANALYSIS: Transportation Cost: \$ ~~5215.23~~ 5215.23 Other Fees: \$ — Total Cost: \$ ~~5215.23~~ 5215.23

HOW WILL THIS BE PAID?

| CHARGE TO ACCOUNT: | FD | RES | Y | OBJ | SOBJ | GOAL | FUNC | CCTR | SCH | MGMT |
|--------------------|-----|------|---|------|------|------|------|--------|-----|------|
| | 010 | 0000 | 0 | 5807 | 00 | 1110 | 1000 | 010602 | 041 | 0000 |

REQUISITION # 191440 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] x-4189

PRINCIPAL'S SIGNATURE: [Signature] Approved () Not approved

Only use this section if needed:

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

★ If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee) _____

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JT/7-14

MILPITAS UNIFIED SCHOOL DISTRICT

OP-40

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Milpitas H.S. DATE REQUEST SUBMITTED: 5/27/16

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaddy

DATE OF FIELD TRIP: 3/9/17 DATE OF RETURN: 3/9/17

TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 5pm

DESTINATION (Include address): San Joaquin Delta College 5151 Pacific Ave Stockton CA 95206

DISTANCE FROM SCHOOL SITE (one way): 72 miles

TOTAL NUMBER OF PARTICIPANTS: 105 NUMBER OF STUDENTS: 100 NUMBER OF ADULTS: 5

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

MODE OF TRANSPORTATION (check one): Chartered Bus Private Vehicles Public Bus District Bus Walking

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) INS Exp. 06/06/17

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).
It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: _____ (Principal's Initial) _____ (Purchasing/Contracts Initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Band Competition + Orchestra Festival + Clinics

COST ANALYSIS: Transportation Cost: \$ 4026.80 Other Fees: \$ 0 Total Cost: \$ 0

HOW WILL THIS BE PAID?

| CHARGE TO ACCOUNT: | FD | RES | Y | OBJ | SOBJ | GOAL | FUNC | CCTR | SCH | MGMT |
|--------------------|-----|------|---|------|------|------|------|--------|-----|------|
| | 010 | 0000 | 0 | 5801 | 00 | 1110 | 1000 | 010602 | 041 | 0000 |

REQUISITION # 191441 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] x-4189

PRINCIPAL'S SIGNATURE: [Signature] Approved () Not approved

Only use this section if needed:

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

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() Board Approved () Board Denied Superintendent Signature (or designee) _____

SHIPPED JUL 12 2016

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Milpitas H.S. DATE REQUEST SUBMITTED: 5/27/16

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, Kaldy

DATE OF FIELD TRIP: 3/10/17 DATE OF RETURN: 3/10/17

TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 7pm

DESTINATION (include address): San Joaquin Delta College 5151 Pacific Ave Stockton CA 95207

DISTANCE FROM SCHOOL SITE (one way): 72 miles

TOTAL NUMBER OF PARTICIPANTS: ~~100~~ NUMBER OF STUDENTS: ~~100~~ NUMBER OF ADULTS: 10

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION:

MODE OF TRANSPORTATION (check one): Chartered Bus [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III [] (Initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS:

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Check box and initial after verification: [] (Principal's Initial) [] (Purchasing/Contracts Initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): Band Competition

COST ANALYSIS: Transportation Cost: \$8,053.60 Other Fees: \$0 Total Cost: \$8,053.60

HOW WILL THIS BE PAID?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010, 0000, 0, 5807, 00, 1110, 1000, 010602, 041, 0000

REQUISITION # 19144 (attached) or other explanation of how fees will be paid: (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] X-4489

PRINCIPAL'S SIGNATURE: [Signature] [X] Approved () Not approved

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Assistant Superintendent, Business Services signature (or designee):

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() Board Approved () Board Denied Superintendent Signature (or designee)

SHIPPED JUL 12 2016