

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 ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐
IF USING A CHARTERED BUS, IDENTIFY COMPANY: First Student
BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ 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: \$3240⁰⁰

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	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: Camino
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 SchoolDATE REQUEST SUBMITTED: 7-15-16PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: A. Mutchison Digital Business AcademyDATE OF FIELD TRIP: Sept 20, 2016DATE OF RETURN: 9-20-16TIME OF DEPARTURE: 7:30 AM PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 4:30 PMDESTINATION (Include address): Angel Island, CA (TIBURON)DISTANCE FROM SCHOOL SITE (one way): 65 milesTOTAL NUMBER OF PARTICIPANTS: 40 NUMBER OF STUDENTS: 38 NUMBER OF ADULTS: 2OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: N/AMODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: San Jose CharterBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ IT (Initial) 06/16/2017

AUG - 5 2016

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 ImmigrationCOST ANALYSIS: Transportation Cost: \$1200 Other Fees: \$ Total Cost: \$1200HOW WILL THIS BE PAID? 72207220-03

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	060	3500	0	5807	00	1110	1000	3500-00	041	0000

REQUISITION # 191342 (attached)or other explanation of how fees will be paid: Academy/ASB (i.e. ASB, PTA, students)REQUESTOR'S SIGNATURE: A. MutchisonPRINCIPAL'S SIGNATURE: G. J. ...☒ 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) _____

5717-12

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: 10/15/16 DATE OF RETURN: 10/15/16

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, Lodi, 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 ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐

IF USING A CHARTERED BUS, IDENTIFY COMPANY: West Valley

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ IT (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: \$ 6703.59 Fees: \$ — Total Cost: 6703.59

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	010 602	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] ☒ 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) _____

55/7-1

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: \$ 505.23 Other Fees: \$ — Total Cost: \$ 505.23
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) _____

DISTRIBUTION AFTER APPROVAL:

WHITE: Purchasing/Contracts

YELLOW: School Site

PINK: Teacher

REVISED MAR 2012 bil

HIPD III 12 2016

JT 17-14

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 9520
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	5301	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): _____

★ 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) _____

DISTRIBUTION AFTER APPROVAL:

WHITE: Purchasing/Contracts

YELLOW: School Site

PINK: Teacher

REVISED MAR 2012 bll

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: 5/27/16PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS Music, KaidyDATE OF FIELD TRIP: 3/10/17 DATE OF RETURN: 3/10/17TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 7pmDESTINATION (include address): San Joaquin Delta College 5151 Pacific Ave Stockton CA 95207DISTANCE FROM SCHOOL SITE (one way): 72 milesTOTAL NUMBER OF PARTICIPANTS: ~~100~~ 210 NUMBER OF STUDENTS: ~~100~~ 200 NUMBER OF ADULTS: 10

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 ValleyBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ _____ (Initial)

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 CompetitionCOST ANALYSIS: Transportation Cost: \$8053.60 Other Fees: \$ 0 Total Cost: \$ 8053.60

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:

FD	RES	Y	OBJ	SOBJ	GOAL	FUNG	CCTR	SCH	MGMT
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-4489PRINCIPAL'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) _____