

5T/2-8-17

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: Mipdashigh DATE REQUEST SUBMITTED: 2/2/17
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Joanna Butcher
DATE OF FIELD TRIP: 4/1/17 - 4/3/17 DATE OF RETURN: 4/3/17
TIME OF DEPARTURE: 1pm PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 3:30pm
DESTINATION (include address): Double Tree San Jose 2050 Gateway Place \$5
DISTANCE FROM SCHOOL SITE (one way): 7.0 miles 9511
TOTAL NUMBER OF PARTICIPANTS: 8 NUMBER OF STUDENTS: 7 NUMBER OF ADULTS: 1
IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Double tree by Hilton San Jose
MODE OF TRANSPORTATION (check one): Chartered Bus ☐ Private Vehicles ☒ Public Bus ☒ District Bus ☐ Walking ☐
IF USING A CHARTERED BUS, IDENTIFY COMPANY: _____

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ _____ (initial)
IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: Joanna Butcher
own parents will drop & pick up @ site
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) ☒ JT (Purchasing/Contracts initial) 2/8/17
PURPOSE OF TRIP (Explain how trip relates to curriculum): INS. EXP 03/13/17

Student leadership conference: climate and culture of the school

COST ANALYSIS: Transportation Cost: \$ 0 Other Fees: \$ 3175 Total Cost: \$ 3175

HOW WILL THIS BE PAID? ASB 430.000

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	010	0000	0	5807	00	1110	1000	093400	041	0000

REQUISITION # _____ (attached) or other explanation of how fees will be paid: Student Fundraise fees

REQUESTOR'S SIGNATURE: Joanna Butcher 2/1/17

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) _____

DISTRIBUTION AFTER APPROVAL: WHITE: Purchasing/Contracts YELLOW: School Site PINK: Teacher REVISED MAR 2012 bli

Conditional Approval - Insurance

SHIP'D FEB 7 2017



ROOMING LIST COVER PAGE CASL 2017



SCHOOL NAME: Milpitas High School

Advisor: Joanna Butcher

☐ MIDDLE SCHOOL ☒ HIGH SCHOOL

Cell Phone: 408-828-8754

Sharing rooms with another school: ☐ Yes ☒ No School(s) sharing with: _____

Arriving to conference by: ☐ Bus ☐ Plane ☒ Car

If arriving by bus, would you like to utilize your bus to travel to the offsite event: ☐ Yes ☒ No First time to CASL? ☐ Yes ☒ No

Is your CADA Membership current?(MEM REQUIRED) ☒ Yes ☐ No, Need to renew/join

☐ \$110 Individual Membership ☐ \$250 School Membership

Address: 1285 Escuela Parkway

Work Phone: _____

City: Milpitas State: CA

Zip: 95035

Email: jbutcher@must.org

Total # of Rooms: 3

Total # of Advisors: 4

Total # of Students: 7

Total Vegetarians 0

T-shirts: S 3 M 3 L 2 XL _____ XXL _____ Area: B

Please assign your students & advisors to rooms in the boxes below. CASL pricing is based on room cost, so it is in your best interest to fill the rooms. See back for helpful hints.

- > This sheet is the cover and must be accompanied with all completed student and advisor paperwork together with full payment
- > This event has sold out historically. Please note; registration is based on a first paid, first serve basis with completed paperwork & full payment required at time of submission.
- > Attach to this cover sheet – a registration form and full payment for each registrant.
- > **Early Bird Cut-off** – Registration postmarked by **February 3, 2017** will receive the discounted rate.
- > **No Refunds after February 24, 2017** – substitutions only (see reverse side for details).
- > **Deadline to register** – All registrations must be received no later than **February 24, 2017**.

	Early Bird	Regular
Student Prices:	Postmarked by 2/3	Postmarked by 2/24
4 to a room	\$375 each	\$425 each
3 to a room	\$400 each	\$450 each
2 to a room	\$450 each	\$500 each
1 to a room	\$525 each	\$575 each

	Early Bird	Regular
Advisor Prices:	Postmarked by 2/3	Postmarked by 2/24
2 to a room	\$350 each	\$400 each
1 to a room	\$475 each	\$525 each

STUDENTS

ROOM 1	Room Type: <input checked="" type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:	<u>Augie Deluna</u>	<u>M</u>	<input type="checkbox"/>	<u>\$400</u>
Student 2:	<u>DiAngelo Jacquez</u>	<u>L</u>	<input type="checkbox"/>	<u>\$400</u>
Student 3:	<u>William Lieu</u>	<u>L</u>	<input type="checkbox"/>	<u>\$400</u>
Student 4:			<input type="checkbox"/>	<u>\$</u>
ROOM 3	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	<u>\$</u>
Student 2:			<input type="checkbox"/>	<u>\$</u>
Student 3:			<input type="checkbox"/>	<u>\$</u>
Student 4:			<input type="checkbox"/>	<u>\$</u>

ROOM 2	Room Type: <input type="checkbox"/> Boys <input checked="" type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:	<u>Olivia Chau</u>	<u>M</u>	<input type="checkbox"/>	<u>\$375</u>
Student 2:	<u>Stacey Le</u>	<u>S</u>	<input type="checkbox"/>	<u>\$375</u>
Student 3:	<u>Jessica Lontoc</u>	<u>S</u>	<input type="checkbox"/>	<u>\$375</u>
Student 4:	<u>Catherine Yang</u>	<u>S</u>	<input type="checkbox"/>	<u>\$375</u>
ROOM 4	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Student 1:			<input type="checkbox"/>	<u>\$</u>
Student 2:			<input type="checkbox"/>	<u>\$</u>
Student 3:			<input type="checkbox"/>	<u>\$</u>
Student 4:			<input type="checkbox"/>	<u>\$</u>

ADVISORS

ROOM 1	Room Type: <input type="checkbox"/> Boys <input checked="" type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Advisor 1:	<u>Joanna Butcher</u>	<u>M</u>	<input type="checkbox"/>	<u>\$475</u>
Advisor 2:			<input type="checkbox"/>	<u>\$</u>

ROOM 2	Room Type: <input type="checkbox"/> Boys <input type="checkbox"/> Girls	T-Shirt Size	Reg. Form Enclosed	Payment Amount
Advisor 1:			<input type="checkbox"/>	<u>\$</u>
Advisor 2:			<input type="checkbox"/>	<u>\$</u>

PAYMENT INFORMATION:

Submitting incomplete forms or failing to provide required materials & full payment may significantly delay your registration.

NO PURCHASE ORDERS ACCEPTED

☒ Check (payable to CASL) ☐ Visa ☐ MasterCard ☐ Amex

Credit Card #: _____

Name on Card: _____

Signature: _____

Exp Date: _____

Please see other side for CASL Conference Policies

PAYMENT TOTALS:

Student Room 1: \$1,200

Student Room 2: \$1,500

Student Room 3: \$

Student Room 4: \$

Advisor Room 1: \$475

Advisor Room 2: \$

Membership Fee: \$

GRAND TOTAL: \$3,175

5/12/19

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: John Sinnott DATE REQUEST SUBMITTED: 2/9/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Mr. Throm, Mrs. Larsen 3rd

DATE OF FIELD TRIP: 4/19/17 DATE OF RETURN: 4/19/17

TIME OF DEPARTURE: 8:00 Am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 3:00 pm

DESTINATION (include address): Pillar Point Halfmoon Bay

DISTANCE FROM SCHOOL SITE (one way): 55 miles

TOTAL NUMBER OF PARTICIPANTS: 60 NUMBER OF STUDENTS: 50 NUMBER OF ADULTS: 10

IF 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

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ ST (initial) Ins Exp 06/16/17

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): Marine life education

COST ANALYSIS: Transportation Cost: \$ 781.50 ~~1381.50~~ Other Fees: \$ 600.00 Total Cost: \$ 1381.50

HOW WILL THIS BE PAID?

CHARGE TO	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
ACCOUNT:	010	0000		5807	1110	1000	DATA	027003	019	0000

REQUISITION # 193180 (attached) or other explanation of how fees will be paid: Parents (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

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

Only use this section if needed:

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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 bli

Milpitas, California 95035

193180

T-12-14



408 360-9883

408 360-0790

FISCAL YEAR 2016-17

Feb. 10, 2017

193180

0-1-2-3

Sinott 087002 Bus

☐ FAX ☒ MAIL TO VENDOR

☐ DO NOT MAIL TO VENDOR

☐ RETURN VENDOR COPY

TO _____

[illegible]

ITEM	ACC CODE	QUANTITY	UNIT	UNIT COST
1				1781.50

Transportation to Marine Science Institute on
April 19th for Mr. Thomsen and Mrs. Larson's
3rd grade class

Complete if Categorical Funds Charged

JUSTIFICATION:

Page: _____ Date: _____ Initial: _____

Activity:

APPROVALS:

ORIGINATOR/DEPT. HEAD

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

PRINCIPAL/AUTHORIZED SIGNATURE

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES

FORMS-Purchase Req./Revised FEB 2012 bll

DISTRIBUTION:

WHITE/YELLOW: ACCOUNTING

PINK: SITE

Milpitas, California 95035

193179

Marie Suenne Tost

500 Discovery Parkway

680 364-2760

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS
Note: Deposit fee \$200 due Feb. 21st

TELEPHONE NO. Redwood City CA 94063-4746 650-364-0416

ORDER NUMBER _____

FISCAL YEAR 2016-17

Feb. 10, 2017

193179

IRMING ORDER
(circle one only)

0 - 1 - 2 - 3

Sinnot Board

Enhance

LOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)

[illegible]

ITEM	ACC CODE	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
1				200		Deposit Due February 21, 2017
2				400		Balance due for Entrance Fee to Mauri Science on April 19th
						For Mr. Thom and Mr. Larson's 3rd grade classes
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Complete if Categorical Funds Charged</p> <p>JUSTIFICATION: _____</p> <p>Page: _____ Date: _____ Initial _____</p> <p>Activity: _____</p> </div>						

DIRECTOR OF BUDGET AND FISCAL SERVICES

PRINCIPAL/AUTHORIZED SIGNATURE

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES