

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: Mipdst High 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 ✓

TOTAL NUMBER OF PARTICIPANTS: 8 NUMBER OF STUDENTS: 7 NUMBER OF ADULTS: 1

IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Doubletree 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: 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). UTA availability
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): 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 (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] 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) _____

Conditional Approval - Insurance

SHIP'D FEB 7 2017



ROOMING LIST COVER PAGE CASL 2017

SCHOOL NAME: Milpitas High School

MIDDLE SCHOOL HIGH SCHOOL

Advisor: Joanna Butcher

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**.

| Student Prices: | Early Bird | Regular |
|-----------------|-------------------|--------------------|
| | 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 |

| Advisor Prices: | Early Bird | Regular |
|-----------------|-------------------|--------------------|
| | 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>\$75</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: | <u>\$1,200</u> |
| Student Room 2: | <u>\$1,500</u> |
| Student Room 3: | <u>\$</u> |
| Student Room 4: | <u>\$</u> |
| Advisor Room 1: | <u>\$475</u> |
| Advisor Room 2: | <u>\$</u> |
| Membership Fee: | <u>\$</u> |
| GRAND TOTAL: | <u>\$3,175</u> |

JT/2-14

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: 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 [X] Private Vehicles [] Public Bus [] District Bus [] Walking []

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

BUS INSURANCE VERIFIED BY ACCOUNT TECH III [X] JT (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 Other Fees: \$ 600.00 Total Cost: \$ 1,381.50

HOW WILL THIS BE PAID?

Table with columns: CHARGE TO, ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 010 0000, 5807, 1110, 1000, 027003019, 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] (X) 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)

MILPITAS UNIFIED SCHOOL DISTRICT
Milpitas, California 95035

PURCHASE REQUISITION
THIS IS NOT A PURCHASE ORDER

193179

JT12-14

VENDOR'S NAME:

Marine Service Fish

46

STREET ADDRESS:

500 Discovery Parkway

650 364-2760

TELEPHONE NO.

CITY, STATE & ZIP CODE:

Redwood City, CA 94063-4746

650-364-0416

FAX NO.

PURCHASE ORDER NUMBER

FISCAL YEAR *2018-17*

DATE

Feb. 10, 2017

REQUISITION NUMBER

193179

CONFIRMING ORDER

0 - 1 - 2 - 3

SITE/CCTR#/DESCRIPTION

Smoot 2003003

VENDOR NUMBER

enhance

P.O. HANDLING

FAX MAIL TO VENDOR

DO NOT MAIL TO VENDOR

RETURN VENDOR COPY TO _____

| ACCOUNT CODES | | | | | | | | | | |
|---------------|------|-------|-----|------|------|--------|------|-----|------|------|
| FD | RES | Y | OBJ | SOBJ | GOAL | FUNC | CCTR | SCH | MGMT | |
| 1 | 0000 | 05807 | 520 | 1110 | 1000 | 272003 | 019 | | | 0000 |
| 2 | | | | | | | | | | 0000 |
| 3 | | | | | | | | | | 0000 |
| 4 | | | | | | | | | | 0000 |
| 5 | | | | | | | | | | 0000 |

| ITEM | ACC CODE | QUANTITY | UNIT | UNIT COST | TAX | DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.) |
|----------|----------|----------|------|------------|-----|---|
| <i>1</i> | | | | <i>200</i> | | <i>Deposit Due February 21, 2017</i> |
| <i>2</i> | | | | <i>400</i> | | <i>Balance due for Entrance Fee to Marine Service on April 19th</i> |
| | | | | | | <i>For Mr. Thom and Mrs. Larson's 3rd grade classes</i> |

JUSTIFICATION: _____

Complete if Categorical Funds Charged

Page: _____ Date: _____ Initial: _____

Activity: _____

APPROVALS:

[Signature]
ORIGINATOR/DEPT. HEAD

[Signature]
PRINCIPAL/AUTHORIZED SIGNATURE

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES