

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)

HOOL: Spangler DATE REQUEST SUBMITTED: 1-20-17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: 2nd Grade

DATE OF FIELD TRIP: 4-21-17 DATE OF RETURN: same

TIME OF DEPARTURE: 8:00 PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2:30

STINATION (include address): Cal. Academy of Sciences - 55 Music Concourse Dr.
San Francisco, CA 94118

Distance from school site (one way): 48.5 miles — (Golden Gate Park)

TOTAL NUMBER OF PARTICIPANTS: 120 NUMBER OF STUDENTS: 96 NUMBER OF ADULTS: 24

OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: _____

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

USING A CHARTERED BUS, IDENTIFY COMPANY: First Student

JS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ JT (initial) Ins Exp 12/31/17

PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

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

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)

JRPOSE OF TRIP (Explain how trip relates to curriculum): Students will be able to experience seeing/interacting with animals from several habitats after completing our science/SEAL unit on ecosystems.

COST ANALYSIS: Transportation Cost: \$2,005 Other Fees: \$954 Total Cost: \$2,959

OW WILL THIS BE PAID?

[illegible]

EQUISITION # 193415 (attached) or other explanation of how fees will be paid: Students (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: James A. [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) _____

SHADED AREAS FOR DISTRICT OFFICE USE ONLY

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

Handwritten initials

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

193415

5/12-17

VENDOR'S NAME: Academy of Sciences

STREET ADDRESS: 55 Music Concourse Dr (415) 379-8000

TELEPHONE NO.

CITY, STATE & ZIP CODE: San Francisco CA 94118

FAX NO.

PURCHASE ORDER NUMBER

FISCAL YEAR 2016-2017

DATE Feb. 15, 2017

REQUISITION NUMBER **193415**

CONFIRMING ORDER
 (circle one only) 0 - 1 - 2 - 3

SITE/CTR#/DESCRIPTION

VENDOR NUMBER

P.O. HANDLING

☐ FAX ☐ MAIL TO VENDOR

☐ DO NOT MAIL TO VENDOR

☐ RETURN VENDOR COPY

TO _____

					ACCOUNT CODES					N/A	
FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT		
1	010	0000	0	5807	00	1110	1000	027000	010	0000	
2										0000	
3										0000	
4										0000	
5										0000	

ITEM	ACC CODE	QUANTITY	UNIT	UNIT COST	TAX
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4 1 238.50

Cost of field Trip to Academy of Sciences as per attached invoices

Kristina Wahlander - # 985596

Vanessa Lorenzana - # 985590

Lydia Zapata - # 985595

Teresa Starr - # 985593

954.00

Total

Complete if Categorical Funds Charged

JUSTIFICATION:

Page: _____ Date: _____ Initial _____

Activity: _____

APPROVALS:

ORIGINALS/DEPT HEAD

SPEC ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

193414

SPECIAL INSTRUCTIONS

ACCOUNT CODES	
	N/B

[illegible][illegible]

DIRECTOR OF BUDGET AND FISCAL SERVICES

57/3-2

MILPITAS UNIFIED SCHOOL DISTRICT

OP-40

APPLICATION FOR FIELD TRIP APPROVAL

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

SCHOOL: Zanker DATE REQUEST SUBMITTED: 2/27/17
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: 2nd grade 4 classes ^{15 13}
DATE OF FIELD TRIP: May 12, 2017 DATE OF RETURN: May 12, 2017 ^{14 4}
TIME OF DEPARTURE: 8:30 PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2:30 pm
DESTINATION (include address): Calif Academy of Sciences
DISTANCE FROM SCHOOL SITE (one way): 60 miles
TOTAL NUMBER OF PARTICIPANTS: 112 NUMBER OF STUDENTS: 92 NUMBER OF ADULTS: 20
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: First Student

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ JT (initial) Ins Exp 12/31/17

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): Life cycles, Habitat, water cycle
earth changes

COST ANALYSIS: Transportation Cost: \$ 1235⁰⁰ Other Fees: \$ 1025⁰⁰ Total Cost: \$ 20⁰⁰/person

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
										0000

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

REQUESTOR'S SIGNATURE: Eileen Keating

PRINCIPAL'S SIGNATURE: [Signature] (☒) 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) _____