

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 High DATE REQUEST SUBMITTED: 3/20/17
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Science Olympiad
DATE OF FIELD TRIP: 4/1/17 DATE OF RETURN: 4/1/17

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

DESTINATION (include address): CSU Stanislaus University Circle Turlock

DISTANCE FROM SCHOOL SITE (one way): 90.8 miles

TOTAL NUMBER OF PARTICIPANTS: 18 NUMBER OF STUDENTS: 15 NUMBER OF ADULTS: 3

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: Roberto Alvelais, Gia Tran, Chen Yi Lien, Letta Meyer,

BUS INSURANCE VERIFIED BY ACCOUNT TECH III (initial) Mariann Foster, Martha Hubeny

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): Science Olympiad State Competition

COST ANALYSIS: Transportation Cost: \$ ? Other Fees: \$ 275 (Registration) Total Cost: \$

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, 010703, 041, 0000

REQUISITION# (to follow) or other explanation of how fees will be paid: (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)

**NorCal SCIENCE OLYMPIAD STATE FINALS**  
**EVENT PAYMENT FORM**



In order to participate in the NorCal Science Olympiad State Finals payment, or proof of payment, must be **received** by March 29, 2017. Please type or print all information on this form and return along with payment so that it is **RECEIVED no later than March 29, 2017**.

SCHOOL Milpitas High School TEAM # C49 DIVISION B [ ] C [x]

SCHOOL ADDRESS 1285 Escuela Parkway CITY/ZIP Milpitas 95035

SCHOOL PHONE (408)635-2800 COACH'S NAME Letta Meyer

CELL PHONE (408)250-1078 E-MAIL ADDRESS lmeyer@musd.org  
Include Area Code

Registration fee is \$275.00 per team. Please make check payable to California Science League, and send to the address listed below. **Payment must be RECEIVED no later than March 29, 2017.**

**Return this form to: California Science League**  
**Att: Barbara Little**  
**1256 W. Lathrop Rd. #201**  
**Manteca, CA 95336**

**Questions? Contact Barbara Little**  
**norcalscioly@outlook.com**

**Date: Saturday, April 1, 2017**  
**Time: 7:00 AM – 5:30 PM (approximate end time)**  
**Location: California State University, Stanislaus**  
**1 University Circle, Turlock, CA 95382**

**MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
USING NON-DISTRICT OWNED VEHICLES**

District employees and volunteer personnel on authorized school district business approved by an administrator accept a degree of liability when using non-district owned vehicles. The following example may help to illustrate the coverage by the school district's liability insurance policy:

If an employee is involved in an automobile accident with a non-district owned automobile while in the performance of authorized school district duties or activities, any damage to the employee's automobile would not be covered by school district insurance. A lawsuit by an injured party against the employee would be defended by the employee's insurance carrier; however, the employee may request the school district to defend him in a case of civil action and may also request defense in the case of a criminal action. A lawsuit against the employee and the school district would be defended by both insurance companies, with the employee's insurance primary and the school district's "excess."

**LIABILITY CLAIMS RESULTING FROM UNAUTHORIZED ACTIVITIES WOULD NOT BE COVERED UNDER THE DISTRICT'S LIABILITY INSURANCE POLICY.** The District's insurance carrier has not and will not endorse the accuracy or content of this paper, fearing that to do so might result in a claim in court utilizing this paper as an extension of the existing insurance policy.

**DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS**

DRIVER NAME Mariann Foster DRIVER'S LICENSE NO. D2679020  
 VEHICLE (MAKE AND YEAR) Toyota Rav4 2014 # OF SEATBELTS (INC.DRIVER) 5  
 INSURANCE COMPANY Progressive POLICY NUMBER 61450465  
 POLICY DATES: START 11/03/2016 EXPIRATION 05/03/2017  
 CA DRIVER'S LICENSE # D2679020 EXPIRATION 10/30/2018

**Attach a copy of your driver's license and your insurance policy coverage information page. Copy of Insurance card acceptable – must be attached to current declaration page.**

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
 Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,  
 I hereby certify that I am at least 21 years of age,  
 I hereby certify that I carry the minimum amount of insurance listed above,  
 I hereby certify that my vehicle is in good, safe mechanical condition, and  
 I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: Milpitas High School  
 EMPLOYEE/VOLUNTEER SIGNATURE: [Signature] DATE 3-19-2017  
 ADMINISTRATOR APPROVAL: [Signature] DATE 3-20-17

Distribution: White: Purchasing/Contracts Yellow: Site

MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
USING NON-DISTRICT OWNED VEHICLES

District employees and volunteer personnel on authorized school district business approved by an administrator accept a degree of liability when using non-district owned vehicles. The following example may help to illustrate the coverage by the school district's liability insurance policy:

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**DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS**

DRIVER NAME MARTHA HUBBARD DRIVER'S LICENSE NO. A1376884  
VEHICLE (MAKE AND YEAR) TOYOTA PRIUS 2015 # OF SEATBELTS (INC. DRIVER) 5  
INSURANCE COMPANY AMERICALIFE POLICY NUMBER BX00381050  
POLICY DATES: START 1/1/2017 EXPIRATION 7/01/2017  
CA DRIVER'S LICENSE # A1376884 EXPIRATION 1/3/2019

Attach a copy of your driver's license and your insurance policy coverage information page.  
Copy of Insurance card acceptable - must be attached to current declaration page.

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,  
I hereby certify that I am at least 21 years of age,  
I hereby certify that I carry the minimum amount of insurance listed above,  
I hereby certify that my vehicle is in good, safe mechanical condition, and  
I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: \_\_\_\_\_  
EMPLOYEE/VOLUNTEER SIGNATURE: [Signature] DATE 3/19/2017  
ADMINISTRATOR APPROVAL: [Signature] DATE 3/20/17

Distribution: White: Purchasing/Contracts Yellow: Site

MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
USING NON-DISTRICT OWNED VEHICLES

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**DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS**

DRIVER NAME CHEN YI LIEN DRIVER'S LICENSE NO. B9307451  
VEHICLE (MAKE AND YEAR) 2016 Subaru Impreza # OF SEATBELTS (INC.DRIVER) 5  
INSURANCE COMPANY FARMERS POLICY NUMBER 189727848  
POLICY DATES: START 1/2/2017 EXPIRATION 7/2/2017  
CA DRIVER'S LICENSE # B9307451 EXPIRATION 12/28/2021

Attach a copy of your driver's license and your insurance policy coverage information page.  
Copy of Insurance card acceptable - must be attached to current declaration page.

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,  
I hereby certify that I am at least 21 years of age,  
I hereby certify that I carry the minimum amount of insurance listed above,  
I hereby certify that my vehicle is in good, safe mechanical condition, and  
I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: \_\_\_\_\_

EMPLOYEE/VOLUNTEER SIGNATURE: Chen Yi Lien

DATE 3/19/2017

ADMINISTRATOR APPROVAL: \_\_\_\_\_

DATE 3/20/2017

Distribution: White: Purchasing/Contracts Yellow: Site

MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
USING NON-DISTRICT OWNED VEHICLES

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**DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS**

DRIVER NAME Roberto Alvelais DRIVER'S LICENSE NO. N6020811  
VEHICLE (MAKE AND YEAR) MAZDA # OF SEATBELTS (INC.DRIVER) 6  
INSURANCE COMPANY CSAA POLICY NUMBER CAAS 100027527  
POLICY DATES: START 07/12/2016 EXPIRATION 05/08/2017  
CA DRIVER'S LICENSE # N6020811 EXPIRATION 7/09/2019

Attach a copy of your driver's license and your insurance policy coverage information page.  
Copy of Insurance card acceptable - must be attached to current declaration page.

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,  
I hereby certify that I am at least 21 years of age,  
I hereby certify that I carry the minimum amount of insurance listed above,  
I hereby certify that my vehicle is in good, safe mechanical condition, and  
I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: Milpitas High  
EMPLOYEE/VOLUNTEER SIGNATURE: [Signature] DATE 3/20/17  
ADMINISTRATOR APPROVAL: [Signature] DATE 3/20/17

Distribution: White: Purchasing/Contracts Yellow: Site

MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
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DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS

DRIVER NAME Gia Tran DRIVER'S LICENSE NO. C1795510  
VEHICLE (MAKE AND YEAR) Toyota Highlander<sup>2008</sup> # OF SEATBELTS (INC. DRIVER) 5  
INSURANCE COMPANY GEICO POLICY NUMBER 4388-94-17-85  
POLICY DATES: START 11/8/16 EXPIRATION 5/1/17  
CA DRIVER'S LICENSE # C1795510 EXPIRATION 11/19/17

Attach a copy of your driver's license and your insurance policy coverage information page.  
Copy of Insurance card acceptable - must be attached to current declaration page.

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
Property Damage - \$50,000

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I hereby certify that I am at least 21 years of age,  
I hereby certify that I carry the minimum amount of insurance listed above,  
I hereby certify that my vehicle is in good, safe mechanical condition, and  
I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: Milpitas High

EMPLOYEE/VOLUNTEER SIGNATURE: Gia Tran

DATE 3/19/17

ADMINISTRATOR APPROVAL: [Signature]

DATE 3/20/17

Distribution: White: Purchasing/Contracts Yellow: Site

MILPITAS UNIFIED SCHOOL DISTRICT  
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL  
USING NON-DISTRICT OWNED VEHICLES

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DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE  
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS

DRIVER NAME Letta Meyer DRIVER'S LICENSE NO. B3745401  
VEHICLE (MAKE AND YEAR) Toyota Prius 2008 # OF SEATBELTS (INC. DRIVER) 5  
INSURANCE COMPANY Geico POLICY NUMBER 2025-57-73-84  
POLICY DATES: START 2/20/17 EXPIRATION 8/20/17  
CA DRIVER'S LICENSE # B3745401 EXPIRATION 5/18/2020

Attach a copy of your driver's license and your insurance policy coverage information page.  
Copy of Insurance card acceptable - must be attached to current declaration page.

**Minimum Requirements:** Bodily Injury - \$100,000 per person/\$300,000 per occurrence  
Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,  
I hereby certify that I am at least 21 years of age,  
I hereby certify that I carry the minimum amount of insurance listed above,  
I hereby certify that my vehicle is in good, safe mechanical condition, and  
I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: Milpitas High  
EMPLOYEE/VOLUNTEER SIGNATURE: [Signature] DATE 3/20/17  
ADMINISTRATOR APPROVAL: [Signature] DATE 3/20/17

Distribution: White: Purchasing/Contracts Yellow: Site

JT/3-17  
OP-40

MILPITAS UNIFIED SCHOOL DISTRICT  
**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: Burnett DATE REQUEST SUBMITTED: 03/16/2017  
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: SDC (Ayala & Trujillo)  
DATE OF FIELD TRIP: April 4, 2017 DATE OF RETURN: 4/4/17 <sup>SDC (Rose Elem / P. Cabales)</sup>  
TIME OF DEPARTURE: 8:30 PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 3:00 P.M.  
DESTINATION (include address): Monterey Bay Aquarium 886 Cannery Row, Monterey  
DISTANCE FROM SCHOOL SITE (one way): 78.8 miles  
TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_ NUMBER OF STUDENTS: 28 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: First Student Charter Bus Rental (Please attached)

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): To provide students fun while learning about living things in the water and engage them in conversations after/during observations of sea creatures.

COST ANALYSIS: Transportation Cost: \$ 631.47 Other Fees: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_  
HOW WILL THIS BE PAID? \$10-15.00 per student for the bus / free admission

CHARGE TO ACCOUNT:

FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
010	0000	00	5807	00	1110	1000	027002	014	0000

REQUISITION # \_\_\_\_\_ (attached) or other explanation of how fees will be paid: DONATIONS (i.e. ASB, PTA, students)  
REQUESTOR'S SIGNATURE: Juanita Ayala  
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**

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip  
(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Alexander Rose DATE REQUEST SUBMITTED: 3-16-17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Pauline Cabales

DATE OF FIELD TRIP: April 4th DATE OF RETURN: April 4th

TIME OF DEPARTURE: 8:15 PERIODS (Circle): 1 2 3 4 5 6 7 (All Day) TIME OF RETURN: 3:00pm

DESTINATION (include address): Monterey Bay Aquarium 886 Cannery Row, Monterey, Ca 93940

DISTANCE FROM SCHOOL SITE (one way): 78.6 miles

TOTAL NUMBER OF PARTICIPANTS: 13 NUMBER OF STUDENTS: 8 NUMBER OF ADULTS: 5

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 Charter Bus Rental

BUS INSURANCE VERIFIED BY ACCOUNT TECH III  JT (initial) IM EXP 12/31/17

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: NA

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 completing PBL project about water pollution and how it affects our oceans. The aquarium has several exhibits displaying these effects.

COST ANALYSIS: Transportation Cost: \$ 631.47 Other Fees: \$ 0 Total Cost: \$ 631.47

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: students (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

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) \_\_\_\_\_

# SHADED AREAS FOR DISTRICT OFFICE USE ONLY

**MILPITAS UNIFIED SCHOOL DISTRICT**  
 Milpitas, California 95035

**PURCHASE REQUISITION**  
 THIS IS NOT A PURCHASE ORDER

193322

5-13-

VENDOR'S NAME: FIRST STUDENT

STREET ADDRESS: 22157- NETWORK PLACE 855-870-8747

TELEPHONE NO.:

CITY, STATE & ZIP CODE: CHICAGO, IL 60673

FAX NO.:

FISCAL YEAR 16-17

PURCHASE ORDER NUMBER

DATE 3/17/17

REQUISITION NUMBER 193322

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

SITE/CCTR#/DESCRIPTION BUNNETT/0270/FIELD TRIP

VENDOR NUMBER

**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	010	Good	00	5807	00	1110	1000	027002	14		0000
2				5807							0000
3											0000
4											0000
5											0000

**SPECIAL INSTRUCTIONS**

SEE ATTACHED **PUSH PLEASE**

TRIP CONFIRMATION \* PAYMENT: 10 DAYS BEFORE TO TRIP

DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)

ITEM	ACC CODE	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
1	1	1	ea	\$851.30		1 BUS FOR 2 BUNNETT SDE CLASSES & 1 ROSE SDE CLASS ON APRIL 4, 2017. PICK-UP AT: M.W.S.D. 1331 E. CHAUVENAS. BLVD DROP OFF: MONTEREY BAY AQUARIUM. 886 CAMBERY ROW.
				TOTAL: \$851.30		

Complete if Categorical Funds Charged

JUSTIFICATION: \_\_\_\_\_

Page: \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_

Activity: \_\_\_\_\_

APPROVALS:

ORIGINATOR/DEPT. HEAD

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

Nancy JT/3-15

MILPITAS UNIFIED SCHOOL DISTRICT  
APPLICATION FOR FIELD TRIP APPROVAL

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)

SCHOOL: MMS DATE REQUEST SUBMITTED: 2-2-17  
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: A Hutchison, Digital Business Academy  
DATE OF FIELD TRIP: 4-18-17 DATE OF RETURN: 4-18-17

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

DESTINATION (include address): SF STATE UNIVERSITY

DISTANCE FROM SCHOOL SITE (one way): 54 miles

TOTAL NUMBER OF PARTICIPANTS: 52 NUMBER OF STUDENTS: 50 NUMBER OF ADULTS: 2

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: FREMONT UNIFIED SCHOOL DIST

BUS INSURANCE VERIFIED BY ACCOUNT TECH III  JT (initial) IM Exp 06/30/17

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): \_\_\_\_\_

COLLEGE TOUR FOR CTE ACADEMY STUDENTS

COST ANALYSIS: Transportation Cost: \$ 912 Other Fees: \$ \_\_\_\_\_ Total Cost: \$ 912

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	<u>060</u>	<u>3550</u>	<u>0</u>	<u>5807</u>	<u>00</u>	<u>1110</u>	<u>3800</u>	<u>3550-00</u>	<u>041</u>	<u>0000</u>

REQUISITION # 198455 (attached) or other explanation of how fees will be paid: \_\_\_\_\_ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: Andrea Hutchison x-4013

PRINCIPAL'S SIGNATURE: [Signature] 3/13/17 ( ) 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) \_\_\_\_\_

RECEIVED  
MILPITAS USD  
MAR 14 2017

EDUCATIONAL SERVICES

SHIP'D MAR 14 2017



JT/3-8

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: Curtner DATE REQUEST SUBMITTED: March 1, 2017

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

DATE OF FIELD TRIP: 5/18/17 DATE OF RETURN: 5/18/17

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

DESTINATION (include address): California Academy of Science

DISTANCE FROM SCHOOL SITE (one way): 48 miles 55 Music Concourse Drive San Francisco, CA 94118

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

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) Jm 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): Our upcoming SEAL unit focuses on the rainforest and plant/animal adaptations. Cal. Academy has a rainforest exhibit.

COST ANALYSIS: Transportation Cost: \$ 1,282.34 Other Fees: \$ 954.00 Total Cost: \$ 2,236.34

HOW WILL THIS BE PAID?

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

REQUISITION # 190497 (attached) or other explanation of how fees will be paid: PTA (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

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) \_\_\_\_\_

**MILPITAS UNIFIED SCHOOL DISTRICT**  
Milpitas, California 95035

**PURCHASE REQUISITION**  
THIS IS NOT A PURCHASE ORDER

**190497**

ST/3-8

VENDOR'S NAME: First Student

STREET ADDRESS: 931 Remillard Ct

TELEPHONE NO. 855-874-8744

CITY, STATE & ZIP CODE: ST. CA. 95122

FAX NO. \_\_\_\_\_  
FISCAL YEAR 16-17

ACCOUNT CODES APB

PURCHASE ORDER NUMBER \_\_\_\_\_  
DATE 3-3-17

REQUISITION NUMBER **190497**

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

SITE/CCTR#/DESCRIPTION DIS. CATERING - PIAATTIP

VENDOR NUMBER \_\_\_\_\_

P.O. HANDLING

FAX  MAIL TO VENDOR

DO NOT MAIL TO VENDOR

RETURN VENDOR COPY

TO \_\_\_\_\_

FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
1	10	0	05867	0	1110	1000	00000	15	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.)
11	2	1	1,882.34			8 buses to California Academy of Science in S.F. all 1st graders. First Student on May 18, 2017

Complete if Categorical Funds Charged

JUSTIFICATION: \_\_\_\_\_

Page: \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_

Activity: \_\_\_\_\_

APPROVALS:

ORIGINATOR/DEPT. HEAD

*[Signature]*  
PRINCIPAL/AUTHORIZED SIGNATURE

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES