

Danielle JT/3-30
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: MHS DATE REQUEST SUBMITTED: 3-17-17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: AVID

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

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

DESTINATION (include address): University of Pacific 3601 Pacific Ave. Stockton, Ca. 95211

DISTANCE FROM SCHOOL SITE (one way): 71 miles

TOTAL NUMBER OF PARTICIPANTS: 54 NUMBER OF STUDENTS: 52 NUMBER OF ADULTS: 2

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 Fremont USD

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) INS 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): AVID College Tour

COST ANALYSIS: Transportation Cost: \$ 905.66 Other Fees: \$ 380.00 Total Cost: \$ 1,285.66

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	060	0000	0	5807	00	1110	1000	709100	041	0000

REQUISITION # 193630 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature] xt 4009

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) _____

RECEIVED MILPITAS USD

MAR 29 2017

EDUCATIONAL SERVICES

SHIPP MAR 28 2017

SHADED AREAS FOR DISTRICT OFFICE USE ONLY

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

193630

VENDOR'S NAME: Fremont Unified S.D.

STREET ADDRESS: 43370 S. Grimmer Blvd TELEPHONE NO. 510-657-1450

CITY, STATE & ZIP CODE: Fremont, CA 94538 FAX NO. 510-657-1589

PURCHASE ORDER NUMBER: _____ FISCAL YEAR: 16-17

DATE: 3-23-17

REQUISITION NUMBER: **193630**

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

SITE/CCTR#/DESCRIPTION: MHS/010703 / Bus

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	10	0000	0	5807	00	1110	1000	709100	041	0000	
2										0000	
3										0000	
4										0000	
5										0000	

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

ITEM	ACC	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
1	1	1	1,100	N		Bus. AUPED students to University of Pacific on 4/21/17 (Trip # 120715)

RECEIVED
 MILPITAS USD
 MAR 29 2017

EDUCATIONAL SERVICES

Complete if Categorical Funds Charged

JUSTIFICATION: _____

Page: _____ Date: _____ Initial: _____

Activity: _____

APPROVALS: Frank Castro

ORIG/ENDOR/DEPT HEAD: Elbert + 4009

SPEC. ED / CATEGORICAL DIRECTOR: S

DIRECTOR OF BUDGET AND FISCAL SERVICES

Danielle

OP-40

JT/3-24

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: Milpitas High DATE REQUEST SUBMITTED: March 13, 2017

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: AVID / Parada + Hall

DATE OF FIELD TRIP: Thurs April 27, 2017 DATE OF RETURN: Thurs April 27, 2017

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

DESTINATION (include address): CSU Monterey Bay 5108 4th Ave Marina, CA 93955

DISTANCE FROM SCHOOL SITE (one way): 73 miles

TOTAL NUMBER OF PARTICIPANTS: 62 NUMBER OF STUDENTS: 60 NUMBER OF ADULTS: 2

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: Michael's Transportation Service Inc.

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) ± ins EXP 09/15/17

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): This is an AVID field trip to tour college campuses and learn about admissions and financial aid.

COST ANALYSIS: Transportation Cost: \$ 1,183.25 Other Fees: \$ 300.00 ^(subs) Total Cost: \$ 1,503.25

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	709100	041	0000

REQUISITION # 193605 (attached) ^(1151 subs) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: Cassandra Parada x-4068

PRINCIPAL'S SIGNATURE: [Signature] 3/21/17 Approved () Not approved

EDUCATIONAL SERVICES
 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) _____

SHIPPED MAR 22 2017

SHADED AREAS FOR DISTRICT OFFICE USE ONLY

Danielle TT 12-24

MILPITAS UNIFIED SCHOOL DISTRICT
Milpitas, California 95035

PURCHASE REQUISITION
THIS IS NOT A PURCHASE ORDER

193605

VENDOR'S NAME: Michael's Transportation Service

STREET ADDRESS: 140 Yolano Drive

TELEPHONE NO. 707-643-2099

CITY, STATE & ZIP CODE: Vallejo, CA 94589

FAX NO. 707-643-2099

PURCHASE ORDER NUMBER _____ FISCAL YEAR 2017

DATE 3/13/17

REQUISITION NUMBER **193605**

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

SITE/CCTR#/DESCRIPTION MTR/709100

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	0000	0	5807	00	1110	1000	709100	041	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.)
1	1	1	ea	1,183.25		Michael's Transportation Charter Bus - AND Field Trip to CSUMontgomery Bay Gn 4/23 Order # 31143

Complete if Categorical Funds Charged

JUSTIFICATION: AVID

Page: _____ Date: _____ Initial: _____

Activity: _____

APPROVALS: CP Y41008

ORIGINATOR/DIST. HEAD

SPEC. ED / CATEGORICAL DIRECTOR MM

DIRECTOR OF BUDGET AND FISCAL SERVICES

Danielle

OP-40 ✓ JT/3-24

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: MHS DATE REQUEST SUBMITTED: 3/15/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: AVIO

DATE OF FIELD TRIP: 4/27/17 DATE OF RETURN: 4/27/17

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

DESTINATION (include address): UC Davis, 1 Shields Ave, Davis CA 95616

DISTANCE FROM SCHOOL SITE (one way): 93 miles

TOTAL NUMBER OF PARTICIPANTS: 60 NUMBER OF STUDENTS: 57 NUMBER OF ADULTS: 3

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: Michaels Transportation Service

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) INS. EXP 09/15/17

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)

RECEIVED

PURPOSE OF TRIP (Explain how trip relates to curriculum): AVIO college tour

Freshman and Sophomores

MAR 22 2017

COST ANALYSIS: Transportation Cost: \$ 1229.25 Other Fees: \$ 370 Total Cost: \$ 1599.25

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT	
	10	0000	5807	5807	00	1110	1000	709100	4011200	041	0000

REQUISITION # 193611 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

PRINCIPAL'S SIGNATURE: [Signature] 3/21/17 () 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) _____

CHIPP'D MAR 22 2017

SHADED AREAS FOR DISTRICT OFFICE USE ONLY

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER
193611

Danielle JT/13

VENDOR'S NAME: Michael's Transportation Svc.

STREET ADDRESS: 140 Yolande Dr. (707) 643-2099
TELEPHONE NO.

CITY, STATE & ZIP CODE: Vallejo CA 94589 (707) 643-1906
FAX NO.

PURCHASE ORDER NUMBER: _____ FISCAL YEAR: 16-17

DATE: 2/15/17

REQUISITION NUMBER: **193611**

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

SITE/CCTR#/DESCRIPTION: MITS/010731 Bus Service

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 0000	0	5807	00	110	1000	011200	041			0000
2	010 0000	0	5807	00	110	1000	709100	041			0000
3											0000
4											0000
5											0000

ITEM	ACC	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
1 1/8		1	EA	1,229.25	N	Bus (michael's Transportation) AVID students to UC Davis on 4/27/17 Quote # 31199

Pay \$400.00 from ce# 011200
 Pay Balance from 709100

RECEIVED
 MILPITAS USD

MAR 22 2017

Complete if Categorical Funds Charged

JUSTIFICATION: SPSA Goal (AVID)
School Climate & Culture

Page: _____ Date: 2/16/17 Initial: _____

Activity: visit UC Davis

APPROVALS: *Cef Ferguson* *Elizabeth Gable Ferguson* *X4022*

EDUCATIONAL SERVICES
 SPEC. ED. / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

JT/3-31

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: 3/17/2017

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Mrs. McNeil's 1st grade

DATE OF FIELD TRIP: 5/2/2017 DATE OF RETURN: 5/2/2017

TIME OF DEPARTURE: 8:15 am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2:30 pm

DESTINATION (include address): California Academy of Science 55 Music Concourse Dr. S.F. 94118

DISTANCE FROM SCHOOL SITE (one way): 48 miles

TOTAL NUMBER OF PARTICIPANTS: 32 NUMBER OF STUDENTS: 25 NUMBER OF ADULTS: 7

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

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (Initial) INS Exp 12/31/17

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): 1st Grade is studying plants/animals/layer of rainforest. The Academy has a great multi-story live rainforest exhibit.

COST ANALYSIS: Transportation Cost: \$ 654.49 Other Fees: \$ 254.40 Total Cost: \$ 908.89

HOW WILL THIS BE PAID?

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

REQUISITION # 190499 (attached) or other explanation of how fees will be paid: P.T.A. (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: Carol McNeil

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) _____

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

190499

5-15-31

VENDOR'S NAME:

First Student

[Signature]

STREET ADDRESS:

931 Rembrandt St.

855-870-8747

CITY, STATE & ZIP CODE:

S.J. CA. 95122

TELEPHONE NO.

FAX NO.

16-17

FISCAL YEAR

ACCOUNT CODES

W/B

PURCHASE ORDER NUMBER

3-29-17

REQUISITION NUMBER **190499**

CONFIRMING ORDER

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

SITE/CCTR#/DESCRIPTION 15-037003-Fieldtrip

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	05807	0	1110	1000	037003	15	0000
2									0000
3									0000
4									0000
5									0000

ITEM CODE	ACC CODE	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
	dp	1	1	654.49	x	Mrs. McNeil's first grade class taking first student bus to CA Academy of Science in S.F. on May 05, 2017.

APPROVALS:

ORIGINATOR/DEPT. HEAD

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

PRINCIPAL/AUTHORIZED SIGNATURE

[Signature]

DISTRIBUTION:

WHITE/YELLOW: ACCOUNTING

PINK: SITE

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES

5T/3-27

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 Elementary DATE REQUEST SUBMITTED: February 28, 2017

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

DATE OF FIELD TRIP: 5/4/17 DATE OF RETURN: 5/4/17

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

DESTINATION (include address): CA Academy of Sciences

DISTANCE FROM SCHOOL SITE (one way): 53 miles

TOTAL NUMBER OF PARTICIPANTS: 117 NUMBER OF STUDENTS: 93 NUMBER OF ADULTS: 24

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

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

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): Exploration of Life Sciences

COST ANALYSIS: Transportation Cost: \$ 1,271.18 Other Fees: \$ 985.80 Total Cost: \$ 2,256.98

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
								<u>027002</u>	<u>15</u>	<u>0000</u>

REQUISITION # 92749 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students) .

REQUESTOR'S 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) _____

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: Curtner DATE REQUEST SUBMITTED: 3.21.17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Kindergarten team

DATE OF FIELD TRIP: 5.12.17 DATE OF RETURN: 5.12.17

TIME OF DEPARTURE: 8:45a PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 2:00p

DESTINATION (include address): Cal Academy of Science 55 music concourse dr, San Francisco

DISTANCE FROM SCHOOL SITE (one way): 53 miles

TOTAL NUMBER OF PARTICIPANTS: 116 NUMBER OF STUDENTS: 94 NUMBER OF ADULTS: 22

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: East Side Union HS District

BUS INSURANCE VERIFIED BY ACCOUNT TECH III JT (initial) Ins Exp 07/01/17

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): will be studying ocean animals + plants as part of our SEAL unit, visit will focus on aquarium

COST ANALYSIS: Transportation Cost: \$ 1326.68 Other Fees: \$ 938.10 Total Cost: \$ 2264.78

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: PTA/class accounts

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) _____

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

190498

5/13-2017

VENDOR'S NAME: East Side Union HSD

STREET ADDRESS: 880 N. Capital Ave.

CITY, STATE & ZIP CODE: S.F. CA. 95133

TELEPHONE NO. _____

FAX NO. _____

PURCHASE ORDER NUMBER _____

FISCAL YEAR 16-17

DATE 3.22.17

REQUISITION NUMBER **190498**

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

SITE/CCTR#/DESCRIPTION 15-037003-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	10	0	05807	0	110	1000	037003	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.)
1	1	2	2	1336.68	*	All Kinders taking buses to CA Academy of Science in San Francisco on May 12, 2017.

Complete if Categorical Funds Charged

JUSTIFICATION: _____

Page: _____ Date: _____ Initial _____

Activity: _____

APPROVALS:

ORIGINATOR/DEPT. HEAD

 PRINCIPAL/AUTHORIZED SIGNATURE

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

JT/4-7

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: Rancho MMS DATE REQUEST SUBMITTED: 4/4/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Rancho Yearbook

DATE OF FIELD TRIP: 5/15/17 DATE OF RETURN: 5/15/17

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

DESTINATION (include address): SF Museum of Modern Art 151 2nd st., SF 94103

DISTANCE FROM SCHOOL SITE (one way): 48 miles

TOTAL NUMBER OF PARTICIPANTS: 29 NUMBER OF STUDENTS: 26 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: _____

BUS 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): Students will learn about photography & art, which are key elements to the YB elective. Students will reflect on their own artistic styles in order to enhance their passion of art & photography.

COST ANALYSIS: Transportation Cost: \$ 130 Other Fees: \$ 60 Total Cost: \$ 190

HOW WILL THIS BE PAID? Students will pay for transportation. Adults will pay

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

REQUESTOR'S SIGNATURE: Lynn Rowan

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) _____

Museum Admission