

55/9-19

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: Weller Elementary DATE REQUEST SUBMITTED: 8-9-2017

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Meera Ramchandran

DATE OF FIELD TRIP: 10-4-2017 DATE OF RETURN: 10-4-2017

TIME OF DEPARTURE: 8:05 AM PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: _____

DESTINATION (include address): Pescadero State Beach, CA-1, Pescadero 94060

DISTANCE FROM SCHOOL SITE (one way): 58 miles

TOTAL NUMBER OF PARTICIPANTS: 74 NUMBER OF STUDENTS: 66 NUMBER OF ADULTS: 8

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: Fremont USD

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ IT (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 observe creatures that inhabit the marsh, their adaptations to the habitat and learn about human impacts on these habitats.

COST ANALYSIS: Transportation Cost: \$ ~ 650.00 Other Fees: \$ 1100.00 Total Cost: \$ _____

HOW WILL THIS BE PAID? grant

CHARGE TO	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
ACCOUNT:	<u>010</u>	<u>0000</u>	<u>0</u>	<u>5308</u>	<u>00</u>	<u>1110</u>	<u>1000</u>	<u>270002</u>	<u>016</u>	<u>0000</u>

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

REQUESTOR'S SIGNATURE: Meera

PRINCIPAL'S SIGNATURE: Alvira J. Padella (☒) 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

OP-40

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Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

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

SCHOOL: Sinnott DATE REQUEST SUBMITTED: 9-1-2017

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Calvello, Loazon, Caraballo

DATE OF FIELD TRIP: Oct. 4, 2017 DATE OF RETURN: Oct. 4, 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): Exploratorium, SF

DISTANCE FROM SCHOOL SITE (one way): 49.9 miles

TOTAL NUMBER OF PARTICIPANTS: 114 NUMBER OF STUDENTS: 99 NUMBER OF ADULTS: 15

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 ☒ IT (initial)

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): Establishing/Building background knowledge, NGSS Engineering Standards Exploration, 3) PBL inspiration

COST ANALYSIS: Transportation Cost: \$ 1417.78 Other Fees: \$ 396.25 Total Cost: \$ 1814.03

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNG	CCTR	SCH	MGMT
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REQUISITION # 193914 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S 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) _____

193914

THIS IS NOT A PURCHASE ORDER

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS

FAX NO. 2017-18
FISCAL YEAR 2017-18

FAX NO. 2017-18
FISCAL YEAR 2017-18

FAX NO. 2017-18
FISCAL YEAR 2017-18

☒ FAX ☐ MAIL TO VENDOR
☐ DO NOT MAIL TO VENDOR

☐ RETURN VENDOR COPY

P.O. HANDLING

☒ FAX ☐ MAIL TO VENDOR

☐ DO NOT MAIL TO VENDOR

☒ RETURN VENDOR COPY

TO _____

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

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DIRECTOR OF BLINDIT AND FISCAL SERVICES

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ASSISTANT SUPERINTENDENT BUSINESS SERVICE

193915

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Exploratorium Reservation Office

4/15 528-4444

TELEPHONE NO.

San Francisco CA 94111

FAX NO.

FISCAL YEAR 2017-18

DATE Sept 6, 2011

193915

0-1-2-3

SNWT 027002 ☐ RETURN

☒ RETURN VENDOR COPY
TO _____

P.O. HANDLING

☐ FAX ☐ MAIL TO VENDOR

☐ DO NOT MAIL TO VENDOR

TO

[illegible][illegible]

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 / Alitidodized Cichnatiine

ASSISTANT SUPERINTENDENT BUSINESS SERVICES

FORMS-Purchase Req./Revised FEB 2012 b11

DISTRIBUTION:

WHITE/YELLOW: ACCOUNTING

PINK: SITE

55/9-18

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: Milpitas High DATE REQUEST SUBMITTED: 9/6/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: MHS - Engineering Academy

DATE OF FIELD TRIP: 10/10/17 DATE OF RETURN: 10/10/17 -

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

DESTINATION (include address): Exploratorium Pier 15, The Embarcadero & Green St. San Francisco, CA 94111

DISTANCE FROM SCHOOL SITE (one way): 44 miles

TOTAL NUMBER OF PARTICIPANTS: 33 NUMBER OF STUDENTS: 30 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: Campbell Union School District

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ ST (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 be able to explore creative, thought provoking exhibits, experiences, and tools, and projects that ignites curiosity, exploration, and lead to profound learning connecting to engineering

COST ANALYSIS: Transportation Cost: \$ 952.69 Other Fees: \$ 225 Total Cost: \$ 1177.69

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	060	7220	0	5807	0	1110	1000	722002	041	0000

REQUISITION # 194729 (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S 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 _____

RECEIVED

Assistant Superintendent, Business Services signature (or designee): _____

SEP 14 2017

★ 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.

MILPITAS USD LEARNING & DEVELOPMENT

() Board Approved () Board Denied Superintendent Signature (or designee) _____

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

SHIP'D SEP 13 2017

Milpitas, California 95035

Exploratorium

Par 15, The Embroidure of Green St. (415) 528-4444

TELEPHONE NO. _____

San Francisco, CA 94111

FAX NO. _____

PURCHASE ORDER NUMBER

FISCAL YEAR

DATE _____

9/8/17

REQUISITION NUMBER

194729

(circle one only)

0-1-2-3

SITE/CCTR#/DESCRIPTION

MHS/722002/ETech

VENDOR NUMBER

P.O. HANDLING

☐ FAX ☐ MAIL TO VENDOR

☒ DO NOT MAIL TO VENDOR

☐ RETURN VENDOR COPY

To

PURCHASE REQUISITION
THIS IS NOT A PURCHASE ORDER

194729

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS
Check must be received by 10/5/17 Please email jlove@musd.org when check has been mailed.

SEP 14 2017

RECEIVED

JUSTIFICATION:

Student engagement

Page: _____ Date: _____ Initials: _____

Activity: _____

Complete if Categorical Funds Charged

APPROVALS:

ORIGINATOR/DEPT. HEAD

SPEC. ED / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

MILPITAS UNIFIED SCHOOL DISTRICT

Milpitas, California 95035

PURCHASE REQUISITION

THIS IS NOT A PURCHASE ORDER

194711

VENDOR'S NAME: Campbell - USD

STREET ADDRESS: 155 N. 3rd St

CITY, STATE & ZIP CODE: Campbell CA 95008

PURCHASE ORDER NUMBER: 09/08/2017

DATE: 09/08/2017

REQUISITION NUMBER: 194711

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

SITE/CCTR#/DESCRIPTION: 041/722002/ETECH

VENDOR NUMBER

SPECIAL INSTRUCTIONS

ACCOUNT CODES									
FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
1	060	7220	0	5807	0	1110	1000	722002	41
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P.O. HANDLING

☒ FAX ☐ MAIL TO VENDOR

☐ DO NOT MAIL TO VENDOR

☐ RETURN VENDOR COPY

TO _____

DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)			
1	1	bus	1 bus to Santa Clara University 11/9th
2	1	bus	1 bus to Exploratorium, SF 10/10
			estimated total: \$1500

Complete if Categorical Funds Charged

JUSTIFICATION:

Student engagement

Page: 8 Date: 9/18/17 Initial: BE

Activity: _____

APPROVALS: [Signature] ORIGINAL/DEPT. HEAD

PRINCIPAL/AUTHORIZED SIGNATURE

SPEC. ED. / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES

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ST/9-13
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: MHSDATE REQUEST SUBMITTED: 9/6/17PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Chris Kaldy - Advanced OrchestraDATE OF FIELD TRIP: 10/27/17DATE OF RETURN: 10/27/17 -TIME OF DEPARTURE: 7am PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 7pmDESTINATION (include address): San Francisco State University -DISTANCE FROM SCHOOL SITE (one way): 45 miles -TOTAL NUMBER OF PARTICIPANTS: 60 NUMBER OF STUDENTS: 56 NUMBER OF ADULTS: 4

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: West Valley ChartersBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ ST (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): SFSU Orchestra Festival,Performance, clinic/workshop, and observation of
other high school and college string orchestras

COST ANALYSIS: Transportation Cost: \$ _____ Other Fees: \$ _____ Total Cost: \$ _____

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	<u>MHS</u>	<u>music</u>	<u>Boosters</u>							0000

REQUISITION # _____ (attached) or other explanation of how fees will be paid: Music Boosters (i.e. ASB, PTA, students)REQUESTOR'S SIGNATURE: Chris Kaldy x-4189

PRINCIPAL'S 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 bill

CLIP'D SEP 13 2017