

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 JT (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 ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
	010	0000	0	5308	00	1110	1000	270002	016	0000

REQUISITION # _____ (attached) or other explanation of how fees will be paid: or 960015 011 (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

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: 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 JT (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
	<u>010</u>	<u>0000</u>	<u>0</u>	<u>58070</u>		<u>110</u>	<u>1000</u>	<u>027002</u>	<u>019</u>	<u>0000</u>

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) _____

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

193914

VENDOR'S NAME: First Student

STREET ADDRESS: 22157 Keturah Place

TELEPHONE NO.: 855-870-8747

CITY, STATE & ZIP CODE: Chicago IL 60673-1221

PURCHASE ORDER NUMBER: _____

FISCAL YEAR: 2017-18

DATE: Sept 1, 2017

REQUISITION NUMBER: **193914**

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

SITE/CCTR#/DESCRIPTION: Burnoff 02202 BKS

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	010000	05807	0	110	0000	0000	0000	0000	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				1417.98		Transportation to Exploratorium Peirs San Francisco for Mrs Calvello, Mrs. Loarzen and Mrs. Cavaballo on October 4, 2017

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/AUTHORIZED SIGNATURE: _____

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES

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 [X] 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 [X] JT (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?

Table with columns: CHARGE TO ACCOUNT, FD, RES, Y, OBJ, SOBJ, GOAL, FUNC, CCTR, SCH, MGMT. Values: 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 _____

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) _____

SHIP'D SEP 13 2017

RECEIVED SEP 14 2017

SHADED AREAS FOR DISTRICT OFFICE USE ONLY

MILPITAS UNIFIED SCHOOL DISTRICT
 Milpitas, California 95035

PURCHASE REQUISITION
 THIS IS NOT A PURCHASE ORDER

194729

5/19-18

VENDOR'S NAME: Exploratorium

STREET ADDRESS: Part 15, The Embarcadero & Green St. (415) 528-4444
 TELEPHONE NO. _____

CITY, STATE & ZIP CODE: San Francisco, CA 94111

PURCHASE ORDER NUMBER _____ FISCAL YEAR 17/18

DATE 9/8/17

REQUISITION NUMBER **194729**

CONFIRMING ORDER (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 _____

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

		ACCOUNT CODES									
FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT		
1	060	7220	0	5807	0	1110	1000	722002	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	225	N	Exploratorium reservation # 8271018000

RECEIVED
 SEP 14 2017

MILPITAS USD
 LEARNING & DEVELOPMENT

Complete if Categorical Funds Charged

JUSTIFICATION: Student engagement

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

TELEPHONE NO. 408-341-7208
FAX NO. 408-341-7274

FISCAL YEAR 17/18

ACCOUNT CODES										
FD	PES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT	
1	060	7220	0	5807	0	1110	1000	722002	41	0000
2										0000
3										0000
4										0000
5										0000

P.O. HANDLING

FAX MAIL TO VENDOR

DO NOT MAIL TO VENDOR

RETURN VENDOR COPY

TO _____

PURCHASE ORDER NUMBER 09/08/2017

REQUISITION NUMBER 194711

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

SITE/CCTR#/DESCRIPTION 041/722002/ETECH

ITEM	ACC CODE	QUANTITY	UNIT	UNIT COST	TAX	DESCRIPTION, CATALOG NUMBER (IE: MODEL, COLOR, SIZE, ETC.)
1		1	bus	500-		1 bus to Santa Clara University 11/9th
2		1	bus	950-		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

[Signature] PRINCIPAL/AUTHORIZED SIGNATURE

SPEC. ED. / CATEGORICAL DIRECTOR

DIRECTOR OF BUDGET AND FISCAL SERVICES

ASSISTANT SUPERINTENDENT, BUSINESS SERVICES

SForch

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: MHS DATE REQUEST SUBMITTED: 9/6/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Chris Kaldy - Advanced Orchestra

DATE OF FIELD TRIP: 10/27/17 DATE OF RETURN: 10/27/17 -

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

DESTINATION (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 Charters

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): 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 music Boosters</u>										<u>0000</u>

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

REQUESTOR'S SIGNATURE: Chris Kaldy x-489

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) _____

CLIP'D SEP 13 2017