

ST/11-08

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: MHS DATE REQUEST SUBMITTED: 11 3 17
 PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Speech / Speed Debate
 DATE OF FIELD TRIP: Jan 4 2018 DATE OF RETURN: Jan 8 2018
 TIME OF DEPARTURE: 6 PM PERIODS (Circle): 1 2 3 4 5 6 7 7 TIME OF RETURN: 6 PM
 DESTINATION (include address): Arizona State University Tempe Arizona
 DISTANCE FROM SCHOOL SITE (one way): 727 miles
 TOTAL NUMBER OF PARTICIPANTS: 7 NUMBER OF STUDENTS: 6 NUMBER OF ADULTS: 1
 IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Country and Tempe Downtown Motel

MODE OF TRANSPORTATION (check one): Chartered Bus ☐ Private Vehicles ☒ Public Bus ☐ District Bus ☐ Walking ☐
 IF USING A CHARTERED BUS, IDENTIFY COMPANY: ATC
 BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ Charles Schabbaum (Initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: Charles Schabbaum
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: ☐ PP (Principal's Initial) ☒ ST (Purchasing/Contracts Initial)
 PURPOSE OF TRIP (Explain how trip relates to curriculum): Arizona State University Debate
Ben Harby

COST ANALYSIS: Transportation Cost: \$ 1200 Other Fees: \$ Sub 300 Total Cost: \$ 1500

HOW WILL THIS BE PAID?
 CHARGE TO ACCOUNT: 010 0000

FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
010	0000	0	5807	00	1110	1000	093400	041	0000

REQUISITION # _____ or other explanation of how fees will be paid: Asb 230.490 (i.e. ASB PTA Students)
 REQUESTOR'S SIGNATURE: [Signature]
 PRINCIPAL'S SIGNATURE: [Signature]
 Only use this section if needed: [Signature] () Approved () Not approved

★ 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) _____

55/11-28

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: John Sinnott

DATE REQUEST SUBMITTED: 10/17/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Mr. Thron, Mrs. Eugene

DATE OF FIELD TRIP: 3/22/18

DATE OF RETURN: 3/22/18

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

DESTINATION (include address): Haltmean Bay Pillar point 1 Johnson pier

DISTANCE FROM SCHOOL SITE (one way): 60 miles -

TOTAL NUMBER OF PARTICIPANTS: 60 NUMBER OF STUDENTS: 50 NUMBER OF ADULTS: 10

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: San Jose 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): _____

COST ANALYSIS: Transportation Cost: \$ 944.- Other Fees: \$ 650 Total Cost: \$ 1594

HOW WILL THIS BE PAID?

CHARGE TO	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
ACCOUNT:	010	0000	0	5607	0	1110	1006	027002	019	0000

REQUISITION # 195398 (attached)

or other explanation of how fees will be paid: Parents (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) _____

DISTRIBUTION AFTER APPROVAL:

WHITE: Purchasing/Contracts

YELLOW: School Site

PINK: Teacher

REVISED MAR 2012 bli

5T/11-28

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: John Sinnott

DATE REQUEST SUBMITTED: 11/7/17

PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: Mrs. Perkins, Mrs. Laube

DATE OF FIELD TRIP: 3/23/18

DATE OF RETURN: 3/23/18

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

DESTINATION (include address): Hofmann Bay Pillar point Johnson Pier

DISTANCE FROM SCHOOL SITE (one way): 60 miles

TOTAL NUMBER OF PARTICIPANTS: 60 NUMBER OF STUDENTS: 50 NUMBER OF ADULTS: 10

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: San Jose Charters

BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ 5T (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): _____

COST ANALYSIS: Transportation Cost: \$ 994 Other Fees: \$ 650 Total Cost: \$ 1,594

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:	FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCIR	SCH	MGMT
010 0000 0	5807	0	1110	1000	027003	019	0000			

REQUISITION # 195398 (attached)

or other explanation of how fees will be paid: Parents (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: [Signature]

PRINCIPAL'S SIGNATURE: [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

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