

SIERRA – PLUMAS JOINT UNIFIED SCHOOL DISTRICT

109 Beckwith Road, P.O. Box 955, Loyalton, CA 96118
Tel: (530) 993-1660 Fax: (530) 993-0828

REQUEST FOR FIELD TRIP

(Not required for regularly scheduled athletic trips)

***** PURCHASE ORDER and LIST OF STUDENTS REQUIRED FOR EACH TRIP REQUEST *****

Prepayment Required?	<input type="checkbox"/> Yes	Date Due: _____
	<input type="checkbox"/> No	To: _____

(Itemize on Page 2)

School: _____

Date of Trip: _____

K – 6	7 – 12	Total # of Students

Time of Departure	Time of Return

Description of Trip (include specific information on establishments you plan to visit and their educational value):

Destination (Address, City & State)

Out of State Waiver Distributed to Parents

Yes No

Chaperone List

1/10 students (K – 8)	1/20 students (9 – 12)

Total Cost of Trip: \$ _____ (from Page 2)

Other source of funding: Student Body Amount: \$ _____ (Attach list of student expenses paid/to be paid)

Other source(s): _____

Approval

<i>Authorizing Agent</i>	<i>Signature</i>	<i>Date</i>
Administrator:		
Superintendent:		

Note: Signature on waiver of all claims required for all students and pupils taking out-of-state field trips or excursions (Ed. Code Section 355330).
Please submit to the District Business office for approval at least three weeks in advance of the date of the scheduled trip.

REQUEST FOR FIELD TRIP – Page 2

*** Did you attach your list of students and all relevant backup documents? This request **will be returned without a list of students attached**. If any of the trip is to be funded by the District a Purchase Order Request **must** be submitted. ***

Substitute(s)

Number of Substitute Days/Hours needed:	
Substitute Job Classification:	

Transportation

School Bus	Personal Vehicle <small>*Insurance information must be on file</small>	Walking	Other
Funding Source:	<input type="checkbox"/> District Office <input type="checkbox"/> Student Body Funds <input type="checkbox"/> GCPC <input type="checkbox"/> SSF <input type="checkbox"/> Other <small>*District Office will charge the funding program for the use of a School Bus (see chart below)</small>		
Vendor Name/Address: <small>(Where to send invoice for the bus)</small>			

Registration

Cost of Registration: <small>(Attach copy of entire flyer)</small>	\$
Vendor Name:	
Vendor Address/Phone:	
Funding Source:	<input type="checkbox"/> District Office <input type="checkbox"/> Student Body Funds <input type="checkbox"/> Other

Entrance Tickets/Lodging/Meals

Cost of Entrance Tickets:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>
Funding Source:	<input type="checkbox"/> District Office <input type="checkbox"/> Student Body Funds <input type="checkbox"/> Other	
Cost of Meals:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>
Funding Source:	<input type="checkbox"/> District Office <input type="checkbox"/> Student Body Funds <input type="checkbox"/> Other	
Cost of Lodging:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>
Funding Source:	<input type="checkbox"/> District Office <input type="checkbox"/> Student Body Funds <input type="checkbox"/> Other	

Extra Duty Sessions (Certificated Staff Only)

Total Number of Extra Duty Sessions Anticipated:	
Funding Program:	

Field Trip Bus & Driver Charge		
Miles	Rate Per Mile	Not to Exceed
0-200	\$ 4.00	800
201-400	\$ 3.50	1400
401-600	\$ 3.00	1800
601-800	\$ 2.75	2200
801-up	\$ 2.25	