



# FIELD TRIP APPROVAL REQUEST

## DISTRICT-SPONSORED EVENT ATTENDANCE VOLUNTARY

Approval is required for all trips sponsored by the District and should be obtained prior to publicizing the trip to students and parents.

Date of Request: \_\_\_\_\_

School: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Desired Departure Time from School: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Destination Arrival Time: \_\_\_\_\_

Destination Departure Time: \_\_\_\_\_

Desired Return Time to School: \_\_\_\_\_

Trip Purpose And Planned Activities: \_\_\_\_\_

Passenger Count: \_\_\_\_\_

- ### TRANSPORTATION OPTIONS
- Walking/Public Transportation
  - Private Vehicle
  - Site Vehicle
  - District Vehicle
  - School Bus
  - Charter Coach

<input type="checkbox"/>	A	Regional one-day school trip	<ul style="list-style-type: none"> <li>○ Site Administrator Approval</li> <li>○ Purchasing Approval</li> <li>○ Fiscal Services Approval</li> <li>○ Transportation Approval</li> </ul>	Approval Requires 30 Days Notice
<input type="checkbox"/>	B	Regional overnight or out-of-state trip	<ul style="list-style-type: none"> <li>○ Site Administrator Approval</li> <li>○ Purchasing Approval</li> <li>○ Fiscal Services Approval</li> <li>○ Transportation Approval</li> <li>○ Board of Trustee's Approval</li> </ul>	Approval Requires 30 Days Notice

**MEAL STOP REQUESTED** Meal Stop Location: \_\_\_\_\_

Estimated Transportation Cost: \_\_\_\_\_

### FUNDING SOURCE

FUND	LOCATION	RESOURCE	PY	GOAL	FUNCTION	OBJECT
SACS Funding Code: _____						- 5711
<input type="checkbox"/> Transportation Funded through ASB Account ASB PO Number: _____						
<input type="checkbox"/> Transportation Funded through Metropolitan Water District						
<input type="checkbox"/> Transportation Funded through Santa Rosa Plateau						
<input type="checkbox"/> Request to Charge Back Outside Agency : _____ <div style="text-align: right; font-size: small;">ATTACH BILLING AUTHORIZATION</div>						

**Additional Field Trip Costs:**

- District Purchase Order Requested (ATTACHED)
- ASB Check Request (ATTACHED)

Site Administration: \_\_\_\_\_

Date: \_\_\_\_\_

Purchasing: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Services: \_\_\_\_\_

Date: \_\_\_\_\_

Student Transportation: \_\_\_\_\_

Date: \_\_\_\_\_

**Board of Trustees:**  
REQUIRED FOR OVERNIGHT OR OUT-OF-STATE TRIPS ONLY

Date: \_\_\_\_\_

Buses and Coaches should be reserved at least one month in advance of trip. Limited resources restrict the number of field trips the Transportation Department can support each day and some requests may be denied. FOR TRANSPORTATION RESERVATIONS CALL 506-7024. Purchasing or Fiscal Services must receive this approval request at least four weeks prior to the departure date. A Purchase Request (if applicable) and a Transportation Request (if applicable) should accompany this form.