

**Classes students will miss while  
away on field trip:**



**1 2 3 4 5 6**

**2320P**  
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# Field Trip Request

## Trip Details

**Distribution:**

- ☐ Health Room  
☐ School Kitchen Manager

School: _____		Trip date(s): _____	
Trip name: _____ (Add trip code if not using Durham buses)			
Trip type:	<input type="checkbox"/> ASB <input type="checkbox"/> ATH <input type="checkbox"/> FT	Activity type:	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 (Out-of-state requires prior approval of the superintendent) <input type="checkbox"/> Category 3 (Requires school board approval)
Reason for trip: _____			
Account/Budget: _____			
Requester: _____			
PO number: _____			
Origin: _____		<input type="checkbox"/> One-Way Trip	
Departure date: _____	Arrive at school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Depart from school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Return date: _____	Return to school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Destination: _____			
Arrival date: _____	Arrive at destination: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Departure date: _____	Depart from destination: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Return to school: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Additional destinations: _____			
<input type="checkbox"/> District bus <input type="checkbox"/> District vehicle (T2) (List driver names in notes) <input type="checkbox"/> Commercial transportation (Example: Airline; shuttle) <input type="checkbox"/> Charter bus* (CH) _____ Requires prior approval (Charter company name)			
<input type="checkbox"/> No district transportation provided (NT) <input type="checkbox"/> Operation School Bell (OSB) <input type="checkbox"/> Other: _____			
Number of:	Adults	Students	Wheelchairs
			Vehicles
			1 *
Contact name: _____		Contact phone: _____	
(Trip coordinating staff member)			
Notes:   			
Bus with storage required: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Substitute Request

Employee name	Substitute name	Start date	End date	Time needed
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM
				<input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM

Approval for Out-of-State		Approval for Charter Bus	
_____	_____	_____	_____
Superintendent	Date	Transportation Supervisor	Date

\*The number of buses will be assigned by Durham based on number of riders and needs.

# Field Trip Informed Consent Notice

Trip name	Trip date(s)	Student name
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Reason for trip: \_\_\_\_\_

Trip coordinating staff: \_\_\_\_\_

Coordinating staff member signature	Date	Building administrator signature	Date
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Destination: \_\_\_\_\_ Place of lodging: \_\_\_\_\_

Lodging address: \_\_\_\_\_ Lodging phone: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Number of: \_\_\_\_\_

Departure date: \_\_\_\_\_ Arrival date: \_\_\_\_\_ Adults: \_\_\_\_\_

Departure time: \_\_\_\_\_ ☐ AM ☐ PM    Arrival time: \_\_\_\_\_ ☐ AM ☐ PM    Students: \_\_\_\_\_

Return date: \_\_\_\_\_ Departure date: \_\_\_\_\_ A completed field trip

Return time: \_\_\_\_\_ ☐ AM ☐ PM      Departure time: \_\_\_\_\_ ☐ AM ☐ PM      description and itinerary form MUST

A completed field trip description and itinerary form **MUST** be provided.

Type of transportation

☐ District bus      ☐ District vehicle      ☐ Commercial transportation      ☐ Charter bus

☐ No district transportation provided (parent/guardian arranged transportation)      ☐ Other: \_\_\_\_\_

**SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

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Student ID number
Student name

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### Medical Information

☐ My student **does not** have any special health problems.

List any special health problems. The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian.

My student ☐ **IS NOT** taking any medications or topical(s) on this field trip.

My student ☐ **IS** taking the following medication(s) or topical(s) on this field trip.

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Name of prescribing health care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Primary care doctor's clinic \_\_\_\_\_ Clinic phone: \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy number: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

\_\_\_\_\_  
Signature of parent/guardian      Date      Emergency number

Parent/Guardian name: \_\_\_\_\_ Cell/Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please return this form to \_\_\_\_\_ before (date) \_\_\_\_\_ and keep any attachment for your information.



## Field Trip Informed Consent Notice Adult Supervisor

Trip name		Trip date(s)		Adult supervisor name	
Reason for trip: _____					
Trip coordinating staff: _____					
Coordinating staff member signature		Date		Building administrator signature	
				Date	
Destination: _____			Name of lodging: _____		
Lodging address: _____			Lodging phone: _____		
Origin: _____		Destination: _____		Number of:	
Departure date: _____		Arrival date: _____		Adults: _____	
Departure time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Arrival time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Students: _____	
Return date: _____		Departure date: _____		A completed field trip description and itinerary form <b>MUST</b> be provided.	
Return time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Departure time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			

Type of transportation

- ☐ District bus                      ☐ District vehicle                      ☐ Commercial transportation                      ☐ Charter bus
- ☐ No district transportation provided (parent/guardian arranged transportation)                      ☐ Other: \_\_\_\_\_

### SECTION TO BE COMPLETED BY ADULT SUPERVISOR

\_\_\_\_\_

Adult supervisor name

☐ District staff member

☐ District approved volunteer

**Medical Information**

☐ I do not have any special health problems.

List any special health problems. The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

\_\_\_\_\_

I ☐ am not taking any medications or topical(s) on this field trip.

I ☐ am taking the following medication(s) or topical(s) on this field trip.

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Name of prescribing health care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness that is life threatening, I authorize the school district to secure emergency medical care as needed.

Name of primary care doctor \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Primary care doctor's clinic \_\_\_\_\_ Clinic phone: \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy number: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make all reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Being fully aware of the risks, I hereby give my consent as an adult supervisor to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

\_\_\_\_\_

Signature of adult supervisor

\_\_\_\_\_

Date

Adult supervisor name: \_\_\_\_\_ Cell/Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Please return this form to \_\_\_\_\_ before (date) \_\_\_\_\_ and keep any attachment for your information.

## Field Trip Category 2 and 3

### Overnight, Out-of-State and International Travel Report

This form must be submitted for all overnight, out-of-state and international field trips. For overnight trips, submit this form to the regional deputy/assistant superintendent's office at least forty-five (35) school days prior to the trip. Out-of-state travel (including Victoria and Vancouver BC area) requires prior approval of the superintendent. Submit this form to the regional deputy/assistant superintendent's office (to be provided to the superintendent) at least forty-five (45) school days prior to the trip. International travel requires school board approval. This form must be submitted to the regional deputy/assistant superintendent's office at least one-year prior. In all cases, use the supplemental form on the reverse side to explain special events; fundraising activities; meal and housing provision; any benefits to adult supervisors beyond transportation, lodging, and food; and other pertinent information including lodging and emergency contact numbers for staff members.

**SEND COMPLETED FORMS TO THE APPROPRIATE REGIONAL  
DEPUTY/ASSISTANT SUPERINTENDENT'S OFFICE**

School	Trip dates	Trip coordinating staff (PLEASE PRINT)
Trip name	Number of students	Destination
Reason for trip:		
Departure: <span style="margin-left: 100px;">Date</span> <span style="margin-left: 100px;">Time</span> <input type="checkbox"/> AM <input type="checkbox"/> PM		Return: <span style="margin-left: 100px;">Date</span> <span style="margin-left: 100px;">Time</span> <input type="checkbox"/> AM <input type="checkbox"/> PM
Number of adult supervisors	Teachers	Staff member in charge
	Parents/guardians	

**Type of transportation**

- ☐ District bus     
 ☐ District vehicle     
 ☐ Commercial transportation     
 ☐ Charter bus  
☐ No district transportation provided     
 ☐ Operation School Bell     
 ☐ Other: \_\_\_\_\_

#### FINANCIAL PLAN

No funds that have been or are to be deposited with the district can be committed until all needed approval has been obtained.

EXPENSES	TOTAL COST # of participants x \$ per participant = Total Cost (e.g. 13 x \$5 = \$65)	TOTAL COST TO BE PAID FROM:				TOTAL	COMMENTS
		ASB Fund	General Fund	Other Fund	Individual Students		
Student Transportation	x \$ _____ = _____						
Student Housing	x \$ _____ = _____						
Student Meals	x \$ _____ = _____						
Student Other (Registration, etc.)	x \$ _____ = _____						
Staff Transportation	x \$ _____ = _____						
Staff per diem (Food & Lodging)	x \$ _____ = _____						
Staff Other (Registration, etc.)	x \$ _____ = _____						
Release Time Substitutes	x \$ _____ = _____						
<b>TOTAL</b>							

**APPROVAL(S):** (Principal of each participating school must sign.)

STEM/CTE budget requires prior approval. Please contact that office for budget code.

Reviewed by:

Principal	Date	ASB Student Representative	Date
STEM/CTE Budget Authority	Date	ASB Advisor	Date
Non School Budget Authority	Date	ASB Treasurer	Date

## Field Trip Category 2 and 3

### Overnight, Out-of-State and International Travel Report

### Required Supplementary Information

Use this area to explain special events; fundraising activities; meal and housing provisions; any benefits to adult supervisors beyond transportation lodging and food; and other pertinent information including lodging and emergency contact numbers for coordinating staff members.

School \_\_\_\_\_

Date of trip \_\_\_\_\_

Destination \_\_\_\_\_

**Field Trip Description and Itinerary**

Along with the Informed Consent Notice, parents/guardians must be provided with a completed field trip description and itinerary form.

**Special Events (parades, concerts, etc.)**
**Fundraising Activities (If none, please indicate that no student will be denied participation due to lack of funds.)**
**Meal and Housing Provisions**
**Benefits to Adult Supervisors beyond Transportation, Lodging and Food**
**Other Pertinent Information (Include all telephone numbers at which you can be reached during the trip. This is especially important for overnight trips.)**
**Lodging information:**

Name: \_\_\_\_\_

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

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

**Emergency Phone Number of Coordinating Staff Member(s):**

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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



## Field Trip Description and Itinerary Form

Who: *(Group/class)*

What: *(Event/trip)*

When: *(Departure date/return date)*

Where: *(Name/address of destination/lodging)*

Why: *(Purpose/goals/objectives)*

Cost:

Transportation:

What to wear: *(Clothing requirements)*

What to bring: *(Include special equipment or supplies)*

Food: *(Meal plan/arrangements)*

Potential hazards/special requirements:

Coordinating staff member(s) contact phone:

**Itinerary** *(include details/major events/planned stops)*

<b>Day</b>	<b>Date</b>
<i>Est. times</i>	<i>Activities</i>

<b>Day</b>	<b>Date</b>
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<b>Day</b>	<b>Date</b>
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**Who:** Sample High School Choir

**What:** State Music Competition

**When:** July 23-5, 2018

**Where:** Central Washington University (CWU), 400 E. University Way, Ellensburg, 98296  
Motel 6, 403 W. University Way, Ellensburg, 98296 (509) 962-5585

**Why:** Sample High School choir students compete in the state music competition.

**Cost:** \$80.00 per student plus meals

**Transportation:** District bus to and from Ellensburg; students walking from motel to university campus and back.

**What to wear:** Black dress/suit for competition; school/weather appropriate clothing for down time.

**What to bring:** Bring suitcase to school day before trip. Bring money for all meals.

**Food:** Students need money for ALL meals (see itinerary for meal locations).

**Potential hazards/special requirements:** Weather will be HOT! Water/drinks to stay hydrated and sunscreen is recommended.

**Coordinating staff member(s) contact phone:**

John Smith – 425-123-4567

Jane Doe – 206-765-4321



**Itinerary****Monday July 23, 2018**

2:10 p.m. Meet in Sample HS choir room/load bus  
2:30 p.m. Depart for Ellensburg  
4:45 p.m. Arrive in Ellensburg  
5:00 p.m. Dinner at Brooklyn's Pizza  
6:30 p.m. Check into motel  
7:30 p.m. Attend evening concert at CWU campus  
9:30 p.m. Return to motel  
10:00 p.m. Lights out

**Tuesday July 24, 2018**

7:00 a.m. Rise and shine  
8:00 a.m. Walk to CWU campus for breakfast  
9:00 a.m. All day performances (students break for lunch between performances)  
6:00 p.m. Dinner on CWU campus  
7:00 p.m. Return to motel  
10:00 p.m. Lights out

**Wednesday July 25, 2018**

7:00 a.m. Rise and shine  
8:00 a.m. Walk to CWU campus for breakfast  
9:00 a.m. All day performances (students break for lunch between performances)  
5:00 p.m. Dinner on CWU campus  
6:00 p.m. Awards ceremony  
7:00 p.m. Load bus for return to Sample HS  
9:45 p.m. Estimated return to Sample HS

2/27/07

Request for P.O.

## REQUEST FOR ASB PURCHASE ORDER

PO# \_\_\_\_\_

PR# \_\_\_\_\_

ASB Sec. \_\_\_\_\_

Present this completed form to the School ASB Secretary.

**ACTIVITY / CLUB / SPORT** \_\_\_\_\_

**ADVISOR / COACH'S NAME** \_\_\_\_\_

**PURCHASE ORDER FOR** \_\_\_\_\_  
(description of items/services to be purchased)

**PURCHASE TO BE LIMITED TO** \$ \_\_\_\_\_  
(maximum dollar amount)

**ASB Accounting Code** \_\_\_\_\_

**Date(s) of Activity** \_\_\_\_\_

**PAYABLE TO** \_\_\_\_\_  
(vendor/company/contractor)

**ADDRESS** \_\_\_\_\_

**CITY AND STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**Phone / FAX #** \_\_\_\_\_

**OTHER NOTES:** \_\_\_\_\_

After items/services have been purchased, please return receipts, invoices), packing slips, etc.  
to the ASB Secretary with the PO# clearly written on them.

**Please obtain the following signatures in the order listed:**

Student Rep \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature) (Printed)

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

ASB Secretary \_\_\_\_\_ Date \_\_\_\_\_  
(verification of sufficient available funds)

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:**

1. Type or print in ink.
2. Submit signed original Travel Request to Accounting at least ten working days in advance of travel or registration deadline.
3. All signatories should retain a copy for their records.
4. **ESTIMATES ARE REQUIRED FOR ALL REIMBURSABLE EXPENSES**

# ASB Travel Request

Name: \_\_\_\_\_ School/Dept/Position: \_\_\_\_\_

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

**DURATION OF TRAVEL STATUS**

Begin Travel Status: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_  
End Travel Status: Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM \_\_\_\_\_  
Special Circumstances: \_\_\_\_\_

**REGISTRATION EXPENSE: (Check One)**

☐ To be Paid by District in Advance (registration form attached) ☐ Charged To District P-Card  
☐ To be Paid by Traveler and Submitted for Reimbursement.

**TOTAL REGISTRATION EXPENSE** \$ \_\_\_\_\_**TRAVEL EXPENSE: (Refer to Business Information Manual for Guidelines)**LODGING: Number of Nights 1 Approved Maximum per Night \$ \_\_\_\_\_**TOTAL LODGING** \$ 0.00**TRANSPORTATION:**Air ☐ Train ☐ Bus ☐ \$ \_\_\_\_\_

Rental Car \$ \_\_\_\_\_

Taxi/Limousine/Shuttle \$ \_\_\_\_\_

Personal Vehicle (Estimate Mileage &amp; Parking) \$ \_\_\_\_\_

Other: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TRANSPORTATION** \$ 0.00**MEAL ALLOCATION:**

Note: Travel status must begin three (3) hours prior to a meal to establish eligibility for entitlement to such meal. If any meals are provided as part of registration expense, traveler should adjust their Statement of Travel Expenses accordingly.

Total Day Meal Per Diem & Incidentals In-State = \$64 Out-of-State = \$69		Breakfast In-State \$15 Out-of-State \$16	Lunch In-State \$18 Out-of-State \$19	Dinner In-State \$31 Out-of-State \$34	Total For Day(s)
First Day/Single Day (1X)					\$ 0.00
Days 2 thru <u>1</u> (X)					\$ 0.00
Final Day <u>(1X)</u>					\$ 0.00

**TOTAL MEAL ALLOCATION** \$ 0.00**TOTAL TRAVEL EXPENSE** \$ 0.00**TOTAL TRIP EXPENSE** \$ 0.00

Account Code \_\_\_\_\_

SUBSTITUTE REQUIRED: (Check One) No ☐ Yes ☐ Date(s) \_\_\_\_\_**APPROVAL**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Activity Representative \_\_\_\_\_

Date \_\_\_\_\_

Activity Advisor \_\_\_\_\_

Date \_\_\_\_\_

ASB Treasurer \_\_\_\_\_

Date \_\_\_\_\_

Primary Advisor \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Record of Payments  
(Accounting Use Only)**

Date	Reference #	Description	Amount



**INSTRUCTIONS:**

1. Type or print in ink.
2. Submit signed original Travel Request to Accounting at least ten working days in advance of travel or registration deadline.
3. All signatories should retain a copy for their records.
4. **ESTIMATES ARE REQUIRED FOR ALL REIMBURSABLE EXPENSES**

# Travel Request

Name: \_\_\_\_\_ School/Dept/Position: \_\_\_\_\_

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

**DURATION OF TRAVEL STATUS**

Begin Travel Status: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_

End Travel Status: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

**REGISTRATION EXPENSE: (Check One)**

☐ To be Paid by District in Advance (registration form attached) ☐ Charged To District P-Card  
☐ To be Paid by Traveler and Submitted for Reimbursement.

**TOTAL REGISTRATION EXPENSE**

\$ \_\_\_\_\_

**TRAVEL EXPENSE: (Refer to Business Information Manual for Guidelines)**

**LODGING:** Number of Nights 1 Approved Maximum per Night \$ \_\_\_\_\_

**TOTAL LODGING**

\$ 0.00

**TRANSPORTATION:**

Air ☐ Train ☐ Bus ☐

Rental Car

Taxi/Limousine/Shuttle

Personal Vehicle (Estimate Mileage & Parking)

Other: (Describe) \_\_\_\_\_

**TOTAL TRANSPORTATION**

\$ 0.00

**MEAL ALLOCATION:**

Note: Travel status must begin three (3) hours prior to a meal to establish eligibility for entitlement to such meal. If any meals are provided as part of registration expense, traveler should adjust their Statement of Travel Expenses accordingly.

Total Day Meal Per Diem & Incidentals In-State = \$64 Out-of-State = \$69		Breakfast	Lunch	Dinner	Total For Day(s)
		In-State \$15 Out-of-State \$16	In-State \$18 Out-of-State \$19	In-State \$31 Out-of-State \$34	
First Day/Single Day (1X)					\$ 0.00
Days 2 thru <u>1</u> (X)					\$ 0.00
Final Day <u>(1X)</u>					\$ 0.00

**TOTAL MEAL ALLOCATION**

\$ 0.00

**TOTAL TRAVEL EXPENSE**

\$ 0.00

**TOTAL TRIP EXPENSE**

\$ 0.00

**SUBSTITUTE REQUIRED: (Check One)** No ☐ Yes ☐ Date(s) \_\_\_\_\_

**APPROVAL**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Code: \_\_\_\_\_

\$ \_\_\_\_\_

Code: \_\_\_\_\_

\$ \_\_\_\_\_

Budget Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's \_\_\_\_\_

Date \_\_\_\_\_

**Record of Payments  
(Accounting Use Only)**

Date Reference # Description Amount