

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

22 Maiden Lane, P.o. Drawer E, Downieville, ca 95936
Tel: (530)289-3525 Fax: (530)289-3661

REQUEST FOR FIELD TRIP

(Not Required for regularly scheduled athletic trips)

PURCHASE ORDER REQUIRED FOR EACH TRIP REQUEST

Prepayment Required Yes
 No

Date Due: _____
(Itemize on Page 2)

School: _____

Date of Trip: _____

K-8	9-12	Total # of Students

Time of Departure	Time of Return

Description of Trip: _____

Destination

Out of State Waiver Distributed to Parents

Yes No

Teacher in Charge (SPJUSD Certificated employee only):

Chaperon 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		
Authorizing Agent	Signature	Date
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 the first two copies to the District for approval at least three weeks in advance of the date of the scheduled trip.

Transportation		
School Bus <input type="checkbox"/>	Personal Vehicle <input type="checkbox"/>	Other:
Vendor Name:		

Substitute(s)	
Number of Substitute Days/Hours needed:	
Substitute Job Classification:	
Account No. Charged (Substitute Salary): (required)	

Registration	
Cost of Registration: (Attach required copy)	\$
Vendor Name:	
Vendor Address:	
Vendor Phone:	

Entrance Tickets/Lodging/Meals		
Cost of Entrance Tickets:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>
Cost of Meals:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>
Cost of Lodging:	\$	
<i>Vendor Name(s)</i>	<i>Vendor Address(es)</i>	<i>Vendor Phone(s)</i>

Extra Duty Sessions	
Total Number of Extra Duty Sessions Anticipated:	