



COURSE and/or SECTION #: _____
INSTRUCTOR: _____

APPLICATION FOR STUDENT FIELD TRIP

*Field trip requests for out-of-state or out-of-country must be submitted at least 30 days in advance and require preapproval by Cabinet and the Board of Trustees. All others should be submitted at least 10 days in advance and will be placed on the Board agenda as an information item. ***PLEASE INCLUDE TRIP ITINERARY WITH APPLICATION****

Destination: _____

Date of Departure: _____ Departure Time: _____

Date of Return: _____ Return Time: _____

Purpose of Trip: _____

Certificated Member in Charge: _____ Phone Ext: _____

Division/Department: _____ Any Students w/ Special Accommodations? Yes__ (Call PACE X7790) No__

Budget Code: _____

Cash Advance: _____ NO _____ YES Amount Requested \$_____ PR#_____

(Travel Request and Purchase Requisition Required)

****All DRIVERS must be enrolled in the District's Pull-Notice Program prior to transporting students in a personal vehicle or operating a District owned or rented vehicle.***

No. of Passengers/Participants: _____	Mileage (RT): _____
TRANSPORTATION	_____ Meet at site (no District transportation)
<u>COST ESTIMATE</u>	_____ District Bus
Vehicle: _____	_____ District Van
Driver: _____	Drivers(s): _____
Other: _____	_____ District Auto (District credit card provided)
Total: _____	_____ Personal Auto (mileage claimed through Business Office)
PERSONAL AUTO ONLY:	
<i>I am a District employee or designated volunteer authorized to transport students to and from activities. I understand that I am required to carry insurance on my vehicle with the following minimum limits for each occurrence: (1) Bodily Injury \$50,000/\$100,000 and Property Damage \$25,000 –OR- \$100,000 combined single limit; and (2) Medical Payments Coverage \$2,000 each person. I further understand that my insurance will be primary in the event of a loss.</i>	
Signature: _____	Driver's License No.: _____
Insurance Co.: _____	Vehicle Year/Make: _____

APPROVAL:

Division Chair/Supervisor _____	Date: _____
Appropriate Vice President _____	Date: _____
Cabinet Pre-Approval _____ N/A _____ Yes	Date: _____
Board Pre-Approval _____ N/A _____ Yes	Date: _____
Administrative Services _____	Date: _____
Transportation _____	Date: _____