

UNIVERSITY PLACE SCHOOL DISTRICT

FIELD TRIP PACKET - INSTRUCTIONS

Attached is a complete set of Field Trip forms. It is highly recommended that you **complete these forms electronically** by typing in the blank fields as all duplicate fields will automatically copy onto the other forms and shorten your time in completing this process. Print items 1, 2, & 3 below and submit to an administrator for approval.

1. OFF-CAMPUS ACTIVITY (FIELD TRIP) REQUEST FORM

- This is the detailed form, which needs to be completed and submitted for approval on **ANY off-campus activities**. It will suffice as your P.O. or P-card Requisition form for admission/registration.
- Part 2 - Supplemental Travel Request Form for additional travel expenses required during the trip (i.e. lodging, airfare, per diem, etc.) for each employee. Located at end of packet. *Not to be used for day travel meal reimbursements!*

2. FIELD TRIP PARTICIPANT FORM

- This is information from the Request Form along with the list of students attending the trip. Complete form and submit with the Off-Campus Activity Request Form for approval. A class roster can be attached in lieu of listing student names on this form. To report students actually attending, cross-off absent students before departure & give to office.

3. TRANSPORTATION REQUEST FORM

- This is the request for bus or van transportation. Use the [Transportation Estimate Tool](#) to estimate transportation costs. The [Mileage Estimates for Field Trips](#) form lists mileage to commonly used locations. Submit this form with the Off-Campus Request Form for approval. Email approved form to the Transportation Department to book event.

4. FIELD TRIP CONSENT FORMS

- The first page is a Field Trip Information letter you may complete and send home to the Parents/Guardians in advance.
- The second page is a Field Trip Parent Consent Form (permission slip) to be returned to you from each Parent/Guardian.
- The third page is a Non-Field Trip Teacher Consent Form to be returned to you from the student if they will be missing other classes.
- The fourth page is a Volunteer Field Trip Chaperone Agreement to be returned to you by any volunteer chaperones.

UNIVERSITY PLACE SCHOOL DISTRICT

FIELD TRIP CHECKLIST

AT LEAST 4 WEEKS IN ADVANCE

- Determine location, date, time and required number of chaperones.
- Complete Field Trip Packet. Save & Print.
- Submit *Transportation Request Form* to Transportation Department. If using commercial transportation, email Transportation Director with name & phone number of provider.
- Submit *Off-Campus Activity Request Form* (& **Part 2 - Supplemental Travel Request Form for each employee if needed**) with *Field Trip Participant Form* & *Transportation Request Form* with estimate for approval.
 - Signed copy to building Administrator, Office Coordinator, Activity Secretary and ASB.
- Over-night, Out-of-State or trips with additional travel expenses:
 - Complete Part 2 - Supplemental Travel Request Form for each UPSD employee.**
 - Superintendent and/or School Board must approve trip.
- Send *Field Trip Information Form* home to parents. Include additional comments such as, appropriate attire for activity, rain-out cause for cancellation, etc.
- Confirm date and time arrangements at site to be visited on field trip. Contact Office Coordinator to Request a Certificate of Insurance & Additional Insured Endorsement* from the site (if applicable).
- Review all contracts and insurance requirements with Principal/Vice Principal.

AT LEAST 2 WEEKS IN ADVANCE

- Request student payment envelopes and class roster (gr. 5-12) or Master Receipt (primary only**) envelope from Office Coordinator.
- Confirm transportation request has been processed.
- Distribute to students: *Parent Consent Form*, *Teacher Consent Form* & *Chaperone Agreement*.
- Enter/verify request for substitute on *SubOnline* (if needed).
- Order sack lunches from Cook Manager. Print class roster, write field trip date on top and circle students with sack lunch requests (if needed).

** All monies collected from students must be handed in DAILY by 10 a.m. to office along with updated copy of Master Receipt form.

1 WEEK IN ADVANCE

- Verify all Field Trip fees have been collected by Student Accounts/Office Coordinator.
- Verify all permission slips have been collected from students.
- Collect *Chaperone Agreements* and verify each chaperone is an eligible volunteer in First Class.
- Reserve credit card with Office Coordinator/ASB Bookkeeper for the day of trip (if needed).
- Arrange for supervision of students who opt out of the field trip.
- Reserve First Aid Kit & Med Back Pack from school nurse for student medications.
- Notify Specialists & Playground staff (if schedule disrupted).

DAY OF FIELD TRIP

- Give a copy of *Parent Consent Forms*, *Chaperone Agreements*, & *Participant Form* (cross out names of absent students to show actual participants) to Office Coordinator.
- Pick-up First Aid/Med Back Pack from Nurses office.
- Pick-up sack lunches from kitchen (if needed).
- Verify chaperones are present. Bus will not leave without a minimum of 1 chaperone on board.
- Review behavior and safety standards with students and chaperones before departure.

POST-FIELD TRIP

- Turn in Supplemental Travel Request Form with Final Approval signature & receipts to Accounts Payable Department.

TEACHER GUIDELINES

1. **AFTER** getting all approvals for the Field Trip, you may book the arrangements and notify students.
2. Transportation Request is your responsibility to complete and submit for arranging buses.
3. All vendor payments must be by P-card or P.O. through the Office Coordinator/ASB Bookkeeper.
4. Extended (beyond the normal school day) field trips or trips that have a cost to students are optional. The field trip cannot affect a student's grade or credit due to non-attendance.
5. Field trips deemed "part of the curriculum" should have alternate assignments provided for students who are in danger of losing credit in the other classes, which will be missed during the field trip.
6. Remind students to have each teacher of the class(es) which will be missed during the field trip sign the "Non-Field Trip Teacher Consent Form". Students are responsible to make up missed work.
7. All school rules apply on field trips and will be enforced.
8. Field trips are discouraged the last 3 weeks of each semester and during testing (MSP/HSPE/AP). A request for variance by an administrator can be made. Field trips planned for the end of the school year **MUST** be approved by May 1st.
9. **In state, over-night trips** - must be approved by the Superintendent as a part of the initial approval. A *Supplemental Travel Request Form* **MUST** be completed for each UPSD staff member going on the trip – whether they are requesting reimbursement or not prior to the trip.
10. **Out-of-State trips** - must **ALSO** be approved by the Board of Directors as part of the initial approval. Out-of-state requests must be made **10** weeks in advance of the trip. A *Supplemental Travel Request Form* **MUST** be completed for each UPSD staff member going on the trip – whether they are requesting reimbursement or not. Date of Board's approval is sufficient for signature.
11. **Cell Phone**: Please have the cell phone listed as Emergency Cell Phone # on your *Off-Campus Activity Request Form* with you in case the school needs to contact you during the field trip. You may use a school office number for Parent Information & Consent Forms.

* Example:

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE: MM/DD/YYYY MM/00-YYYY	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER XYZ Insurance Brokers PO Box 456 Seattle, WA 98119	CONTACT NAME: _____ FAX: _____ PHONE: _____ (A/C. No.): _____ ADDRESS: _____ CITY/STATE/ZIP: _____				
INSURED ABC Construction Company 123 Main Street Seattle, WA 98112	INSURER(S) AFFORDED COVERAGE INSURER A: CNE Property INSURER B: National Auto INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____				
COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENT.					
TYPE	TYPE OF INSURANCE	INSURER(S)	POLICY NUMBER	EXPIRY DATE / POLICY PERIOD	LIMITS
A	GENERAL LIABILITY		1234 ABC	MM-DD-YY / MM-DD-YY	EACH OCCURRENCE \$ 1,000,000 DAMAGE PER YEAR \$ 1,000,000 MED. EXP. PER ACCIDENT \$ 1,000,000 PERSONAL & SOY LIABILITY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS / COMPLETED OPERATIONS \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				
	<input type="checkbox"/> CLAIMS MADE				
	<input checked="" type="checkbox"/> OCCUR				
	AGGREGATE LIMIT APPLIED PER POLICY				
	<input checked="" type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY		AA 234	MM-DD-YY / MM-DD-YY	COMBINED SINGLE LIMIT (BI & BODILY) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per household) \$ MEDICAL EXPENSE \$ UNEMPLOYMENT \$
	<input checked="" type="checkbox"/> BI & BODILY				
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIREN/AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	TRIPPLES LIABILITY				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	DEDUCTIBLE				\$
	REVISION				\$
	NON-OWNED COMPLETION AND DEFENSE COSTS				1. EACH ACCIDENT \$
	ANY PROFESSIONAL LIABILITY/CONTINGENT LIABILITY				1. EACH ACCIDENT \$
	PROPERTY DAMAGE				E.L. (DAMAGE - BI EMPLOYEE) \$
	PERSONAL & SOY LIABILITY				E.L. (DAMAGE - POLICY LIMIT) \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 91, Additional Benefits Schedule, if more space is required) The District shall be named as an additional insured on the Commercial General Liability insurance policy, as respects work performed by or on behalf of the Contractor and a copy of the endorsement naming the District as additional insured shall be attached to the Certificate of Insurance. The District reserves the right to receive a certified copy of all required insurance policies.					
CERTIFICATE HOLDER		CANCELLATION			
Pagan School District PO Box 345 Anytown, VA 98000		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE			
ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD. © 1989, 2009 ACORD CORPORATION. All rights reserved.					

POLICY NUMBER: _____	COMMERCIAL GENERAL LIABILITY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)	
This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART.	
SCHEDULE	
Name of Person or Organization: _____	
(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.) WHO IS AN INSURED (Section 11) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.	

UNIVERSITY PLACE SCHOOL DISTRICT

OFF-CAMPUS ACTIVITY REQUEST FORM

ALL information below plus the Field Trip Participant Form, and the Transportation Request Form must be completed and attached prior to approval. NO field trips are to be scheduled two weeks prior to OR during MSP/HSPE testing, or three weeks prior to the end of each semester and/or the first two weeks of May (CJH & CHS only). If other travel expenses are incurred, please complete Supplemental Travel Request Form for EACH UPSD employee attending.

Teacher Name: _____ Emergency Cell Phone: _____

Class or Organization: _____ School: _____

Destination (Vendor) Name: _____

Destination Address _____ Phone: _____

Departure Date _____ Time _____

Return Date _____ Time _____

Day(s) of Trip: Depart on _____ Return on _____

Number of Students _____ Number of Chaperones _____

Purpose of Field Trip:
 Detail how this trip helps meet course objectives.
 Describe your pre-trip activities.
 Summarize your follow-up activities.
 Transportation Needed?

Type of Transportation: _____

Is this trip Over-night? _____ (If yes, complete Supplemental Travel Request Form for each employee.)

Is this trip Out-of-State? _____ (If yes, complete Supplemental Travel Request Form for each employee.)

	PER STUDENT	QTY	PER ADULT	QTY	PAY BY	TOTAL COST
ADMISSION					<input type="checkbox"/> PO <input type="checkbox"/> P-card	
REGISTRATION/OTHER FEE					<input type="checkbox"/> PO <input type="checkbox"/> P-card	
UPSD TRANSP. ESTIMATE						

BUSINESS OFFICE USE ONLY

COST WITHIN BUDGET AMOUNTS: YES / NO

BUDGET TRANSFERRED: \$ _____ DATE: _____
ACCT#:

FUNDS TRANSFERRED: \$ _____ DATE: _____
ACCT#:

PER STUDENT CHARGE: _____ **PER ADULT CHARGE:** _____

FUNDING: ASB Building Account Number: _____ - _____ - _____ - _____ - _____ - _____

Substitute Needed? NO YES \$ _____

Signature of Approval

1. _____ Date _____
Teacher/Advisor

2. _____ Date _____
Department Lead

3. _____ Date _____
Office Coordinator or ASB Bookkeeper

4. _____ Date _____
Principal

5. Board Authorization Date: _____
(Required for all out-of-State Travel)

6. _____ Date _____
Superintendent or Designee
(Required for all over-night travel)

UNIVERSITY PLACE SCHOOL DISTRICT

FIELD TRIP PARTICIPANT FORM

Complete form and submit with Field Trip Request Form. To report actual participants on day of trip, cross out absent students and leave this form with school office. A class roster can be attached, in lieu of listing student names below. Be sure to cross off absent students from the roster before attaching.

Teacher Name: _____ Emergency Cell Phone: _____

Class or Organization: _____ School _____

Destination (Vendor) Name: _____

Destination Address _____ Phone: _____

Departure Date _____ Time _____

Return Date _____ Time _____

Type of Transportation:

Is this trip Over-night?

Is this trip Out-of-State?

Name, Address & Phone Number of Lodging _____

STUDENT NAME		
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45

UNIVERSITY PLACE SCHOOL DISTRICT

TRANSPORTATION REQUEST

FIELD TRIP TEACHER: Use transportation estimate tool to attain estimate for trip. Include form with estimate when submitting for approval signatures. Once signed, send copy to Transportation Department to finalize vehicle booking.

Date of Request: _____ Teacher Name/ Grade: _____

Activity: _____

School _____ Number of Students _____ Number of Coaches/Chaperones _____

Destination Name & Address: _____

Departure Date _____ Load Time _____

Return Date _____ Return Time _____

Day(s) of Trip: Depart on _____ Return on _____

CHS Only Load Location: _____

Drop Off & Return: YES NO (Choose YES if you want bus to leave and return later to pick you up.)

If this is a Drop & Return, what time does the driver need to be back to load students? _____

Requires Undercarriage? YES NO Preferred method: BUS VAN

If vans are requested, will there be any staff drivers? YES NO If yes, please name drivers:

COACH/TEACHER'S NAME: _____
(PRINTED)

(SIGNATURE)

PRINCIPAL'S SIGNATURE: _____

Date: _____

Charge This Trip To: Building ASB

Account Code: _____

Remember only 55 bodies to a bus.

FIELD TRIP INFORMATION (PLEASE BE ADVISED OF THE FOLLOWING)

1. CHARGES = \$32.25 PER HOUR + \$1.62 PER MILE (DISTRICT BUSES ONLY; INCLUDES DRIVER + 15 MINUTE TRIP CHECK)
2. BE PREPARED TO PAY ANY PARKING/FERRY/BRIDGE TOLL CHARGES.
3. THERE MUST BE AN ADULT CHAPERONE ON EVERY FIELD TRIP / SPORTS ACTIVITY BUS. THE DRIVER WILL NOT LEAVE UNTIL THE CHAPERONE IS ON THE BUS.
4. A BUILDING ADMINISTRATOR MUST SIGN ALL REQUESTS.
5. ALL REQUESTS MUST HAVE AN ACCOUNT CODE.
6. TRIPS WILL NOT BE SCHEDULED UNLESS THE FORM IS SUBMITTED, WITH ALL INFORMATION PROVIDED.
7. TRIPS SCHEDULED TO RETURN TO SCHOOL AFTER 1:45 PM, COULD BE SUBJECT TO CHARTER.
8. IF YOU USE CHARTER BUSES, HIGHER RATES WOULD APPLY.

Dawnett Wright, Transportation Director

UNIVERSITY PLACE SCHOOL DISTRICT

FIELD TRIP INFORMATION

TO: PARENT/GUARDIAN

DATE: _____

Your son/daughter is eligible to participate in the following school-sponsored activity. Please note, field trips with a cost to the student are not mandatory. They are to enhance curriculum or activities and to serve as community service projects.

Teacher Name:	Phone Number:
Class or Organization:	
Purpose of Field Trip:	
Destination (Vendor):	
Destination Address & Phone:	
Departure Date	Time
Return Date	Time
Type of Transportation:	
Sack Lunch Required? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Is this trip Overnight? _____	Is this trip Out-of-State? _____
If yes, Name, Address & Phone Number of Lodging:	

of Chaperones Needed: _____

Please return **Chaperone Agreement form** if you would like to volunteer to chaperone this activity.

Cost to Student: \$

Refunds can ONLY be granted to students who do not attend this field trip, IF the school is not charged by the vendor for absent students. Refunds are only granted during the current school year.

If you submit additional monies for the field trip fee, your donation will go into our general donation account – thank you.

Teacher Comments:

TO: PARENT/GUARDIAN

PLEASE KEEP THIS INFORMATION SHEET AND RETURN THE *PARENT CONSENT FORM* COMPLETED TO THE FIELD TRIP TEACHER. IF YOU WOULD LIKE TO CHAPERONE, RETURN THE *VOLUNTEER FIELD TRIP CHAPERONE AGREEMENT* TO YOUR STUDENT'S TEACHER.

TO: STUDENT

IF YOU HAVE MULTIPLE TEACHERS, YOU MUST RETURN THE *NON-FIELD TRIP TEACHER CONSENT FORM* COMPLETED TO THE FIELD TRIP TEACHER.

UNIVERSITY PLACE SCHOOL DISTRICT

FIELD TRIP PARENT CONSENT FORM

PARENT/GUARDIAN: RETURN THE FOLLOWING FORM COMPLETED TO THE TEACHER.

TO SUPERINTENDENT OF SCHOOLS:

I hereby request that you permit my child, _____, to participate in a field trip/activity on _____ to _____.

REQUEST FOR SCHOOL PREPARED SACK LUNCH (if required on first page)

- CHARGED TO LUNCH ACCOUNT (includes Free, Reduced and Prepaid)
- CASH TO LUNCHROOM PRIOR TO DAY OF FIELD TRIP

I acknowledge that this activity entails known 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.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Furthermore, refunds for my contribution to this activity can ONLY be granted for students who do not attend this field trip, IF the school is not charged by the vendor for absent students. Refunds are only granted during the current school year.

EXTENDED TRIP INFORMATION: I have read the attached itinerary (detailing dates, place, transportation, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

X _____
Parent/Guardian Signature Date

SIGN
HERE
→

EMERGENCY CONTACT & MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____

Emergency Phone #1: _____ Emergency Phone #2: _____

Medical Concern(s): _____

Medications to be taken during this trip. (Proper Medical Form is on file at the school): _____

Allergies: _____

Family Physician: _____ Phone #: _____

(Optional) Medical Ins. Co. _____ Policy #: _____

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

X _____
Parent/Guardian Signature Date

SIGN
HERE
→

FIELD TRIP TEACHER: A copy of this completed form must be submitted to the Office Coordinator prior to the field trip. It will be kept on file in case of emergency. The original is your copy to be taken on the field trip and accessible by all chaperones.

UNIVERSITY PLACE SCHOOL DISTRICT

NON-FIELD TRIP TEACHER CONSENT FORM

TO: Students at Drum Intermediate, Narrows View Intermediate, Curtis Junior High School, or Curtis Senior High School:

Each of your teachers needs to sign below for the class(es) you will miss during the field trip. Return this form to your field trip teacher upon completion.

Student Name:
Teacher Name
Class or Organization:
Purpose of Field Trip:
Destination (Vendor):
Destination Address & Phone:
Departure Date _____ Time _____
Return Date _____ Time _____

Period	Class	Recommended	Comments	Signature
0	_____	Y or N	_____	_____
1	_____	Y or N	_____	_____
2	_____	Y or N	_____	_____
3	_____	Y or N	_____	_____
4	_____	Y or N	_____	_____
5	_____	Y or N	_____	_____
6	_____	Y or N	_____	_____
7	_____	Y or N	_____	_____

UNIVERSITY PLACE SCHOOL DISTRICT VOLUNTEER FIELD TRIP CHAPERONE AGREEMENT

Date: _____

I will be attending the following school field trip/activity as a volunteer chaperone

Teacher Name: _____ Student Name: _____

Class or Organization _____ School Name _____

Destination & Location _____

Departure Date: _____ Time _____

Return Date: _____ Time _____

I will be transported by: School Bus/Van Chartered Vehicle Walking

I will be transported by: Personal Vehicle (I will not transport students)

In the event that I have a personal emergency, please contact:

<i>Printed Name</i>	<i>Relationship</i>	<i>Daytime Phone</i>
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I acknowledge that I have received a copy of the "Volunteer Guidelines" pamphlet, have read these guidelines, and agree to comply with the guidelines as a school volunteer. I understand that I may not bring siblings along due to my supervisor responsibilities and insurance liability restrictions. I also understand I may not leave the field trip with my child, unless I have gone through the proper check out procedures with the school. I promise to hold University Place School District #83 harmless from any liabilities that may incur from the above described excursion except as might arise because of negligence on the part of University Place School District #83 or its employees.

Printed Name

Date

Signature

(____) _____
Cell Phone Number

UNIVERSITY PLACE SCHOOL DISTRICT
OFF-CAMPUS ACTIVITY REQUEST FORM
 PART 2 - SUPPLEMENTAL TRAVEL REQUEST FORM

Complete this form if your off-campus activity will incur charges above and beyond admission/registration and UPSD arranged Transportation AND / OR if there is any out-of-state or overnight travel involved. This will suffice as a Purchase Order Requisition. Once travel is complete, submit this form attached to Off-Campus Activity Request Form to Accounts Payable for reimbursement.

Teacher Name: _____ Phone: _____

Class or Organization: _____ School _____

Departure Date: _____ Time _____

Return Date: _____ Time _____

Day(s) of Trip: _____ Depart on _____ Return on _____

Purpose of Field Trip:

Is this trip Over-night?

Is this trip Out-of-State?

- Request is hereby made to travel without reimbursement and without deduction.
 Request is hereby made to travel with reimbursement for expenses and without deduction.

Authorization (Prior to Traveling)

Attach a copy of the OFF-CAMPUS ACTIVITY FORM (Page 1) for the authorization signatures.

Account Name: _____ Account Number: _____

ITEM	DESCRIPTION (DATES, ROOM TYPE, ETC.) Attach itemized receipts for all expenses (except Per Diem).	QTY	PAY BY	UNIT PRICE	TOTAL
LODGING			<input type="checkbox"/> PO <input type="checkbox"/> P-card		
VENDOR NAME, ADDRESS, PHONE #:	_____				
AIRFARE, OTHER TRANSP.			<input type="checkbox"/> PO <input type="checkbox"/> P-card		
VENDOR NAME, ADDRESS, PHONE #:	_____				
STUDENT MEALS			<input type="checkbox"/> PO <input type="checkbox"/> P-card		
VENDOR NAME, ADDRESS, PHONE #:	_____				
BREAKFAST (25% OF PDR*)					
LUNCH (30% OF PDR*)					
DINNER (45% OF PDR*)					
OTHER (TAXI, PARKING, ETC.)					
OFFICE USE ONLY	WITHIN BUDGET AMOUNTS: YES / NO DATE: _____				SUBTOTAL:
Budget Transferred:	\$ _____ DATE: _____ ACCT#				TAX:
Funds Transferred:	\$ _____ DATE: _____ ACCT#				TOTAL:

Final Signature of Approval (To be approved and submitted with final receipts upon return.) *Having herewith presented my itemized account for expenses incurred in connection with the travel authorization on this form amounting to the sum of \$_____, I hereby certify under penalty of perjury: that the foregoing account is just and true as therein stated; that no payment has been received by me on account thereof; that no rebate of any character, kind, or description has been made to me by any person or persons furnishing any of said transportation or subsistence; that the expenses charged were actually and necessarily incurred and paid by me in lawful money.*

Teacher/Advisor _____ Date _____

Principal/Administrator _____ Date _____

*PDR= Per Diem Rate go to www.gsa.gov for current rates.