



Washington Unified School District

CONFERENCE/FIELDTRIP REQUEST FORM

Principal to Submit 2 weeks prior to the Board Meeting that is before conference Registration Deadline.

1) Conference Information (To be completed by the attendee):

Person Attending Conference/Fieldtrip:		
Date/Location of Conference/Fieldtrip:		
Name of Conference/Fieldtrip:		
Purpose of Conference:		
Requestor Signature:		Date:

2) Estimated Expense (To be completed by the attendee):

Conference Registration Fees:	\$	District Office will complete P.O.'s – Attach flyer with completed registration form for all participants for D.O. to submit	
Transportation: <small>(See Note 1 & 2 Below)</small>	\$	<input type="checkbox"/> Bus- Contact Southwest (559) 644-1006 – Amber Simas <input type="checkbox"/> District Van (.47 per mile) – Use MapQuest, etc. for mileage <input type="checkbox"/> Awesome Charter (559) 495-9851 <input type="checkbox"/> Golden Eagle Charter (559) 275-2910 <input type="checkbox"/> Personal Auto (IRS Rate: \$.54 per mile) - Use MapQuest, etc. for mileage <input type="checkbox"/> Airfare <div style="text-align: right;">Mileage: _____</div>	
Meals: <small>(See Note 3 Below)</small>	\$	Per person breakdown: Breakfast: \$8.00 x _____ = \$ _____ Lunch: \$12.00 x _____ = \$ _____ Dinner: \$18.00 x _____ = \$ _____	Total per person x # attendees: \$ _____/person x _____ people = _____
Lodging:	\$	Hotel Name: _____ Contact Name & Number: _____	
Parking:	\$	Daily Rate: \$ _____ x # of days: _____	
Total Estimated Expenses:	\$	Program/Department: _____	
Sub Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sub Preference (if any): _____ <p style="text-align: center;">(Teacher must call sub-line 495-5695)</p>

NOTE 1: DISTRICT TRANSPORTATION IS REQUIRED FOR FIELD TRIPS. PERSONAL MILEAGE WILL NOT BE REIMBURSED ON FIELD TRIPS.

NOTE 2: DISTRICT CAR USE AND CAR POOLING IS ENCOURAGED AND EXCEPTIONS WILL BE HANDLED ON A CASE BY CASE BASIS.

NOTE 3: CONFERENCE MAY INCLUDE SOME MEALS. YOU WILL NOT BE REIMBURSED FOR SUCH MEALS.

3) Fieldtrip Information/ Transportation (To be completed by attendee): *COMPLETE ONLY FOR FIELD TRIPS*

Number Of School Meals Required:		Total Number Of Students To Be Transported:			
Departure Time:		<input type="checkbox"/> AM	Return to WUSD:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
		<input type="checkbox"/> PM		<input type="checkbox"/> PM	
Check the type transportation to be used:					
WUSD BUS: <input type="checkbox"/>	CHARTER BUS: <input type="checkbox"/>	WUSD VAN/CAR: <input type="checkbox"/>	RENTAL CAR: <input type="checkbox"/>	RENTAL VAN: <input type="checkbox"/>	
Total number of vehicles required:			Rental Company:		
Number Of Certificated Personnel:		Classified:	Parents/Volunteers:		

Parent Permission Slips Required For All Fieldtrips-Student Emergency Cards must be in Possession on Trip

<input type="checkbox"/> I have read and approve this request.	
SIGNATURE OF PRINCIPAL/SUPERVISOR REQUIRED: _____	DATE: _____

ROUTING (To Be Completed by District Office)

- | | |
|--|---|
| <input type="checkbox"/> Conference Registration | <input type="checkbox"/> Hotel Reservations Confirmed/Payment Secured |
| <input type="checkbox"/> Transportation Ordered | <input type="checkbox"/> Sub Form Verified |
| <input type="checkbox"/> Calendared | <input type="checkbox"/> Emailed on: |
| <input type="checkbox"/> Meal Checks Processed | |

Processed by:	Date:
SUPERINTENDENT/DESIGNEE SIGNATURE:	Date:
Board Agenda Date:	

Revised 1/22/2016