

**MONTEREY COUNTY OFFICE OF EDUCATION**  
**FIELD TRIP REQUISITION FORM FOR TEACHERS**

**(Must be submitted at least twenty (20) working days in advance of the field trip)**

Day(s) and date(s) of activity: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Departure time (from school/site): \_\_\_\_\_ Return time (to school/site): \_\_\_\_\_

Is this an overnight trip?    Yes    No    **See AR 5130.1 for additional requirements.**

Number of participants:

Students:                    \_\_\_\_\_                    Certificated staff:    \_\_\_\_\_

Wheelchair students:    \_\_\_\_\_                    Classified staff:    \_\_\_\_\_

Classrooms:                \_\_\_\_\_                    Adult volunteers:    \_\_\_\_\_

Description of activity:

\_\_\_\_\_

Educational objective(s):

\_\_\_\_\_

Describe provisions for meals, if required:

\_\_\_\_\_

Means of transportation:

MCOE bus                     Private auto                     Public transit                     Walking

MCOE auto                     Other (describe): \_\_\_\_\_

List all stops to be made (Attach full itinerary of necessary):

\_\_\_\_\_

Is the bus driver needed to assist with supervision of the students?    Yes    No

Special costs (facilities use fees, admission fees, etc.):

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Special instructions:

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Requested by: \_\_\_\_\_  
Employee Signature Date

Fund	Resource	Yr	Goal	Function	Object	SubObject	Site	Local	Mgmt	Amount

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**FOR OFFICE USE ONLY:**

MCOE: \_\_\_\_\_ SPAB: \_\_\_\_\_  
To MCOE: \_\_\_\_\_ To MCOE: \_\_\_\_\_  
From MCOE: \_\_\_\_\_ From MCOE: \_\_\_\_\_  
# of miles \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
# of hours \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Fringe total hours \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
MVDL total hours \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Misc. \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_  
# of Students \_\_\_\_\_  
Cost per student: \$ \_\_\_\_\_

Driver(s) assigned:

\_\_\_\_\_ Bus #s assigned: \_\_\_\_\_  
\_\_\_\_\_ Bus #s assigned: \_\_\_\_\_  
\_\_\_\_\_ Bus #s assigned: \_\_\_\_\_

**Transportation Department Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Division Head Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**For Out of County Excursions**

**Superintendent/Designee Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_