



COOLIDGE UNIFIED SCHOOL DISTRICT
TRAVEL HANDBOOK
2017-2018

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INSTRUCTIONS FOR OUT OF STATE STUDENT TRAVEL FORM

Prior to requesting authorization for out-of-state student travel, all in-state options should be investigated. In-state travel, which is always preferred, is defined as travel within the state of Arizona and can be approved by the principal or appropriate administrator. When in-state travel will not satisfactorily meet program objectives, out-of-state travel will be considered. It is defined as other travel within the continental United States. All out-of-state travel must be approved by the principal, the superintendent (or designee) and the Governing Board. Only **refundable** deposits may be made prior to board approval.

Staff members do not need to submit any other form for board approval if they list themselves on the chaperone list. However, a staff member's absence and request for a substitute must be made separately through Aesop and/or a leave form.

Transportation: Use of school owned or rental vans for any out-of-state travel involving students, including on-site travel for those groups who use common carriers (i.e., airlines, charter buses, trains) from here to the out of state sites is prohibited. All ground transportation at the site must be provided by commercial providers (i.e., taxi, airport shuttle, hotel shuttle, etc.). Staff or chaperones may not rent commercial vans and then drive the vans themselves.

Expenses: Every field in this section **must** be completed. If there are no expenses for a category (i.e.: airfare) enter zero. All the fields must add up to the amount shown for the "total trip cost". Be sure to enter expenses for meals, even if they are being paid for by the students.

Students: List the names of each student traveling. If this information is not available, submit a tentative list of names. The final lists of students must be submitted to the assistant superintendent two weeks prior to the trip. TBD is not acceptable.

Itinerary: Attach a brief daily itinerary. The brochure or pamphlet is acceptable. Include time away from scheduled event. (breakfast; lights out; meal time)

Chaperones: Chaperones must either be a CUSD staff member or an approved volunteer through Human Resources. (see HR for volunteer applications if one is not on file) Include yourself if you are also a chaperone. All chaperones must be at least 21 years of age. There must be one adult per every 10 students. If both male and female students are in the group, there must be both male and female chaperones.

Board Agenda Deadline: To meet the board agenda deadline, requests for student out of state travel must reach the office of the assistant superintendent by Monday the week prior to the board meeting. The Governing Board meeting schedule can be found on the website: www.coolidgeschools.org. Information on this form will be submitted to the board for consideration. A copy of the form will be sent back to the requesting party to notify of approval or denial.

Questions regarding this form, out-of-state student travel and reimbursement procedures should be directed to the business office.

A form may be scanned to the assistant superintendent via email, but the original paper copy must be sent via inter-office mail as original signatures are required.

OUT OF STATE STUDENT TRAVEL FORM

SITE: _____ CLUB/GROUP: _____

DESTINATION CITY & STATE: _____

OF STUDENTS TRAVELING (MALE/FEMALE): _____/_____ # OF SCHOOL DAYS MISSED: _____

EDUCATIONAL PURPOSE OF TRIP (FILL IN BELOW, DO NOT ATTACH): _____

****Once travel is approved, all accommodations must be booked through a travel agency or with a purchase order ****
****Reimbursements for travel are not allowable****

METHOD OF TRANSPORTATION (CIRCLE ONE):

COMMERICAL BUS

AIRLINE

OTHER: _____

**Final Airline carrier information, including flight itinerary (number and times) must be submitted to the Assistant Superintendent prior to the travel date. **

DESCRIBE GROUND TRANSPORTATION UPON ARRIVAL AT DESTINATION: _____

LODGING NAME: _____ PHONE #: _____

ADDRESS: _____

****EXPENSES****

COMPLETE ALL FIELDS

These number should be maximum estimates.

TOTAL AIRFARE/TRANSPORTATION: _____ TOTAL HOTEL: _____ TOTAL MEALS: _____

TOTAL GROUND TRANSPORTATION: _____ TOTAL REGISTRATION: _____ OTHER: _____

TOTAL TRIP COST: _____

TRAVEL FINANCED BY: (CHECK ALL THAT APPLY)

FUNDRAISER

DONATION

TAX CREDIT

M&O

OTHER _____

AMOUNT PAID BY THE STUDENT: _____

WILL ANY STUDENT BE DENIED DUE TO LACK OF FUNDS? EXPLAIN: _____

SPONSOR NAME: _____ PHONE #: _____

EMERGENCY CONTACT INFORMATION: _____

Students: List the names of each student traveling. If this information is not available, submit a tentative list of names. The final lists of students must be submitted to the assistant superintendent two weeks prior to the trip. TBD is not acceptable.

LIST ALL POSSIBLE STUDENT TRAVELERS:

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

Chaperones: Chaperones must either be a CUSD staff member or approved through Human Resources. A ratio of 1 chaperone to every 10 students is required. If both male and female students are traveling, then both male and female chaperones are required. All chaperones must be at least 21 years of age.

LIST ALL CHAPERONES:

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

SPONSOR'S SIGNATURE: _____ DATE: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

ATHLETIC DIR.'S SIGNATURE (IF APPLICABLE): _____ DATE: _____

ASSISTANT SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

****FOR DISTRICT'S USE ONLY****

GOVERNING BOARD APPROVED: _____ NOT APPROVED: _____ MEETING DATE: _____

BUSINESS OFFICE DATE RECEIVED: _____ SIGNATURE: _____

OVERNIGHT STUDENT TRAVEL FORM

SITE: _____ CLUB/GROUP: _____

DESTINATION LOCATION: _____

OF STUDENTS TRAVELING (MALE/FEMALE): _____/_____ # OF SCHOOL DAYS MISSED: _____

EDUCATIONAL PURPOSE OF TRIP (FILL IN BELOW, DO NOT ATTACH): _____

JUSTIFICATION FOR OVERNIGHT STAY: _____

****Once travel is approved, all accommodations must be booked through a travel agency or with a purchase order****
****Reimbursements for travel are not allowable****

METHOD OF TRANSPORTATION (CHECK ONE):

DISTRICT YELLOW BUS DISTRICT MINI BUS COMMERCIAL BUS OTHER: _____

DESCRIBE ANY GROUND TRANSPORTATION UPON ARRIVAL AT DESTINATION: _____

LODGING NAME: _____ PHONE #: _____

ADDRESS: _____

****EXPENSES****

COMPLETE ALL FIELDS

These numbers should be maximum estimates.

TOTAL TRANSPORTATION: _____ TOTAL HOTEL: _____ TOTAL MEALS: _____

TOTAL GROUND TRANSPORTATION: _____ TOTAL REGISTRATION: _____ OTHER: _____

TOTAL TRIP COST: _____

TRAVEL FINANCED BY: (CHECK ALL THAT APPLY)

FUNDRAISER DONATION TAX CREDIT M&O OTHER _____

AMOUNT PAID BY THE STUDENT: _____

WILL ANY STUDENT BE DENIED DUE TO LACK OF FUNDS? EXPLAIN: _____

SPONSOR NAME: _____ PHONE #: _____

EMERGENCY CONTACT INFORMATION: _____

Students: List the names of each student traveling. If this information is not available, submit a tentative list of names. The final lists of students must be submitted to the assistant superintendent two weeks prior to the trip. TBD is not acceptable.

LIST ALL POSSIBLE STUDENT TRAVELERS:

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

FULL NAME: _____ SITE: _____

Chaperones: Chaperones must either be a CUSD staff member or approved through Human Resources. A ratio of 1 chaperone to every 10 students is required. If both male and female students are traveling, then both male and female chaperones are required. All chaperones must be at least 21 years of age.

LIST ALL CHAPERONES:

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

FULL NAME: _____ STAFF OR VOLUNTEER (CIRCLE ONE)

SPONSOR'S SIGNATURE: _____ DATE: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

ATHLETIC DIR.'S SIGNATURE (IF APPLICABLE): _____ DATE: _____

ASSISTANT SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

****FOR DISTRICT'S USE ONLY****

GOVERNING BOARD APPROVED: _____ NOT APPROVED: _____ MEETING DATE: _____

BUSINESS OFFICE DATE RECEIVED: _____ SIGNATURE: _____

STUDENT TRAVEL CHECKLIST

Before you travel:

1. Start the approval process 2 months in advance. All out of state/overnight student travel must be board approved.
2. The Overnight or Out of State Student Travel form must be **complete**. You will need the following documentation:
 - a. Is this a field trip? If this is a field trip and not a competition you will need an approved field trip request form.
 - b. Event brochure or pamphlet.
 - c. Brief daily itinerary that accounts for all travel time.
 - d. Approved staff absence documentation. (Aesop or leave form)
3. All signature fields must be complete.
4. You must provide an educational purpose for the student travel.
5. Have you justified the need to stay overnight? (for overnight trips only, not out of state)
6. Student travel days must not conflict with state testing.

Once travel is board approved:

1. You can now submit a requisition to cover the cost of registration, travel and meals.
2. If you are using student accounts (club/team accounts), tax credit or gifts and donations, requisitions must be submitted to Yolanda Felix in the Business Office. Please allow 4 business days for PO approval.
 - a. Club/team accounts require student minutes.
 - b. Make sure all signature fields are complete.
3. Once your PO is approved, you can make reservations.
4. Invoices must be submitted to Yolanda Felix for prompt payment.
5. Typically, checks are printed once per week (Thursdays). Please provide the Business Office adequate time to generate payment. Two weeks is recommended.

Upon return from travel:

1. Employee must complete the School District Travel Expense Claim.
2. Allowable reimbursements:
 - a. Meals/per diem
 - b. Mileage (only if prior approved in writing)
3. The Travel Expense Claim must be turned in with 5 days of the return date. You must include all receipts. **If your form is not returned with receipts (proof of allowable purchase) within 5 days of return, you will not be reimbursed.**

INSTRUCTIONS FOR STAFF OVERNIGHT/OUT OF STATE TRAVEL FORM

The Governing Board must approve staff overnight and out of state travel prior to the date of travel. This applies to all school related travel, even during the summer.

Board Agenda Deadline: To meet the board agenda deadline, requests for staff overnight and out of state travel must reach the office of the assistant superintendent by Monday the week prior to the board meeting. The Governing Board meeting schedule can be found on the website: www.coolidgeschools.org. Information on this form will be submitted to the board for consideration. A copy of the form will be sent back to the requesting party to notify of approval or denial.

Staff accompanying students on an out of state trip, whose name is listed as a chaperone on the student out of state travel, are not required to fill out this form. A staff member’s absence and request for a substitute must be made separately through Aesop and/or a leave form before travel will be considered.

Transportation: Staff members will not be reimbursed for the use of personal vehicles if district transportation is available. **The reimbursement for use of personal vehicles must be approved, prior to travel, in writing by the Assistant Superintendent or Superintendent.**

Itinerary: Attach a brief daily itinerary. The brochure or pamphlet is acceptable.

Expenses: Every field in this section **must** be completed. If there are no expenses for a category (i.e.: airfare) enter zero. all the fields must add up to the amount shown for the “total trip cost”.

Travel expense information:

- ✓ The business office cannot pay more than the maximum listed expenses.
- ✓ Lodging and per diem requests will only be approved for travel more than 50 miles from your personal residence.
- ✓ The amount requested for hotel stay must be at or below the state maximum for the area you are staying in.
- ✓ Additional state maximums can be found online at:

<https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20%20170417.pdf>

State	Location	County	Begin	End	Lodging	M&IE
If a city is listed, then the city's rate applies. If a city not listed is located in a county whose rate is listed, then the county's rate applies. Otherwise, within the Continental United States, the rates to the immediate right apply.					\$91	\$41
Arizona						
AZ	Grand Canyon / Flagstaff	Coconino / Yavapai less the city of Sedona	Oct 01	Oct 31	\$143	\$54
AZ	Grand Canyon / Flagstaff	Coconino / Yavapai less the city of Sedona	Nov 01	Feb 28	\$91	\$54
AZ	Grand Canyon / Flagstaff	Coconino / Yavapai less the city of Sedona	Mar 01	Jun 30	\$127	\$54
AZ	Grand Canyon / Flagstaff	Coconino / Yavapai less the city of Sedona	Jul 01	Sep 30	\$143	\$54
AZ	Kayenta	Navajo	Oct 01	Oct 31	\$131	\$49
AZ	Kayenta	Navajo	Nov 01	Apr 30	\$103	\$49
AZ	Kayenta	Navajo	May 01	Sep 30	\$131	\$49
AZ	Phoenix / Scottsdale	Maricopa	Oct 01	Dec 31	\$118	\$49
AZ	Phoenix / Scottsdale	Maricopa	Jan 01	Mar 31	\$169	\$49
AZ	Phoenix / Scottsdale	Maricopa	Apr 01	May 31	\$130	\$49
AZ	Phoenix / Scottsdale	Maricopa	Jun 01	Aug 31	\$91	\$49
AZ	Phoenix / Scottsdale	Maricopa	Sep 01	Sep 30	\$118	\$49
AZ	Sedona	City Limits of Sedona	Oct 01	Feb 28	\$153	\$64
AZ	Sedona	City Limits of Sedona	Mar 01	Apr 30	\$193	\$64
AZ	Sedona	City Limits of Sedona	May 01	Sep 30	\$153	\$64
AZ	Tucson	Pima	Oct 01	Dec 31	\$91	\$49
AZ	Tucson	Pima	Jan 01	Feb 28	\$113	\$49
AZ	Tucson	Pima	Mar 01	Sep 30	\$91	\$49

A form may be scanned to the Assistant Superintendent via email, but the original paper copy must be sent via inter-office mail as original signatures are required.

STAFF OVERNIGHT/OUT OF STATE TRAVEL FORM

NAME: _____

SITE: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

DESTINATION CITY & STATE: _____

EDUCATIONAL PURPOSE OF TRIP (FILL IN, DO NOT ATTATCH): _____

****Once travel is approved, all accommodations must be booked through a travel agency with a purchase order (PO)**
****Reimbursements for travel are not allowable******

METHOD OF TRANSPORTATION (CHECK ONE):

COMMERICAL BUS AIRLINE OTHER: _____

****Final Airline carrier information, including flight itinerary (number and times) must be submitted to the Assistant Superintendent prior to the travel date. ****

DESCRIBE GROUND TRANSPORTATION UPON ARRIVAL AT DESTINATION: _____

LODGING NAME: _____ PHONE #: _____

ADDRESS: _____

****EXPENSES****

COMPLETE ALL FIELDS

These number should be maximum estimates.

TOTAL AIRFARE/TRANSPORTATION: _____ TOTAL HOTEL: _____ TOTAL MEALS: _____

TOTAL GROUND TRANSPORTATION: _____ TOTAL REGISTRATION: _____ OTHER: _____

MAXIMUM AMOUNT AUTHORIZED FOR PAYMENT OR REIMBURSEMENT: _____

TRAVEL FINANCED BY (CHECK ALL THAT APPLY): GRANT DONATION M&O OTHER _____

HAS REQUESTED TIME OFF BEEN APPROVED IN AESOP OR ON A LEAVE FORM: YES NO

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

****FOR DISTRICT'S USE ONLY****

GOVERNING BOARD APPROVED: _____ NOT APPROVED: _____ MEETING DATE: _____

BUSINESS OFFICE DATE RECEIVED: _____ SIGNATURE: _____

FIELD TRIP REQUEST FORM

Requestor: _____ Site: _____ Date: _____

Educational Purpose of Trip: _____

Academic Standard Tied to: _____

Destination: _____ # of Miles from Campus: _____

Address: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Substitute Required: Yes ___ No ___

of Students: Male: ___ Female: ___ # of Chaperones: Male ___ Female ___

Transportation:

Attach Request for District Transportation form

METHOD OF TRANSPORTATION (CHECK ONE):

DISTRICT YELLOW BUS DISTRICT MINI BUS COMMERCIAL BUS OTHER: _____

Cost:

Admission Fee per Student: _____ Total Admission: _____

ADMISSION FINANCED BY (CHECK ALL THAT APPLY):

FUNDRAISER DONATION TAX CREDIT M&O OTHER _____

Approvals:

Requestor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM

Student: _____ has my permission to attend and participate in
_____ to be held at _____
on _____ from (times) _____.

My child and I understand that this is a school-sponsored activity. The rules, policies and procedures, as outlined in the Governing Board Policy Manual and the Coolidge Unified School District Handbook apply to this activity and that any infraction of the established regulation may result in disciplinary actions. We also understand that in order for my child to participate he or she must be receiving credit in all classes and that any of his/her teachers may disqualify my child depending on his/her performance in their class.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Consent:

I, _____ parent/guardian of _____

as indicated by my signature below, hereby authorize in advance any necessary medical treatment required while traveling to and from and while attending the activity reference above. In the event of any incurred medical expenses, I will provide payment of these costs.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, please contact parent/guardian at:

Work #: _____ Home Phone #: _____

Alternate Contact: _____ Phone #: _____

