



## SPORT ACTIVITY TRIP: PACKET CHECK LIST

**Game Location:**

**Date of Game:**

**Coach:**

\_\_\_\_\_

Check

Please Check off all Required Completed Documents	
	1. Check NJOI Assessment Calendar. Is testing scheduled for the week? If so, pick a different date.
	2. Completed <u>Sport Activity Trip Authorization Form</u> .
	3. Completed <u>Requisitions Forms</u> .
	4. Completed <u>Sport Activity Trip Itinerary</u>
	5. Completed List of <u>Student Athletes' Name</u> with a list of the <u>Chaperones</u> .
	6. ** Completed <u>Sports Eligibility Form</u> (Separated form must be turn in to Registrar.)
	7. Completed <u>Cafeteria Lunch Request</u> .
	8. Completed <u>Transportation Request</u> .
	9. If overnight trip? <u>School Board approval is required</u> , please request 45 days in advance so it will be on the next School Board Meeting agenda.

HCR 79 Box 9 Cuba, NM 87013  
Ph: 505-731-2272  
Fax: 505-731-2252  
www.naneelzhiin.org  
Principal: Kenneth Toledo

# NA' NEELZHIIN JI OLTA, INC.



## ENASB MEMBERS

Elsa Otero  
Maria Toledo

## SPORT ACTIVITY TRIP: AUTHORIZATION FORM

Coach's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SPORT ACTIVITY

*Cross Country*

*Football*

*Volleyball*

*Boys' Basketball*

*Girls' Basketball*

*Baseball*

*Softball*

### SPORT ACTIVITY DETAILS

Game Location: \_\_\_\_\_

Date of Game: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_

- \*\* SEE ATTACHED REQUISITION(S) (PAGE 3 & 4)
- \*\* SEE ATTACHED ITINERARY (PAGE 5)
- \*\* SEE ATTACHED STUDENT ATHLETE'S NAME LIST (PAGE 6)
- \*\* SEE ATTACHED CAFETERIA LUNCH REQUEST (PAGE 7)
- \*\* SEE ATTACHED TRANSPORTATION REQUEST (PAGE 8)

*COACH'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*CAFETERIA'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*TRANSPORTATION'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*PRINCIPAL OR  
ATHLETIC DIRECTOR'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

ACCOUNTING CODES	
PROGRAM:	_____
DEPT:	_____
GL CODE:	_____

## SY2023/2024 PURCHASE REQUISITION

NA' NEELZHIIN JI OLTA', INC.  
HCR 79, BOX 9  
CUBA, NEW MEXICO 87013  
P: 505/731-2272 ; F: 505/731-2412

BUSINESS OFFICE:	
<input checked="" type="checkbox"/> PO#:	_____
CH#:	_____
CC#:	_____

LINE NO.	QTY	UNIT	ITEM/PRODUCT NO.	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$
14						\$
15						\$
16						\$
17						\$
18						\$
19						\$
20						\$

Is this Green Procurement Policy Compliant? (check one)	Yes	<input checked="" type="checkbox"/>	No	If no, Enter the # of the appropriate reason for non-compliance? (See Below)	N/A
---	-----	-------------------------------------	----	--	-----

1 - Not Available ; 2 - Mandatory Purchasing Program ; 3 - Too Expensive ; 4 - Doesn't Meet Technical Specifications ; N/A - Not applicable

<b>JUSTIFICATION:</b>	SUBTOTAL	\$
	Coupons/Discounts	\$
	S/H	\$
	<b>TOTAL</b>	<b>\$</b>

<b>VENDOR:</b>
PHONE: _____
FAX: _____
EMAIL: _____

Requestor	Date
Supervisor Approval	Date
Business Manager Approval	Date

<b>Business Office:</b>	
New Vendor	Entered:
Rec'd all items	Date:
Completed	Date:
Order Date:	
Entered:	
Posted:	

ACCOUNTING CODES	
PROGRAM:	_____
DEPT:	_____
GL CODE:	_____

## SY2023/2024 PURCHASE REQUISITION

NA' NEELZHIIN JI OLTA', INC.  
HCR 79, BOX 9  
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15						\$
16						\$
17						\$
18						\$
19						\$
20						\$

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1 - Not Available ; 2 - Mandatory Purchasing Program ; 3 - Too Expensive ; 4 - Doesn't Meet Technical Specifications ; N/A - Not applicable

<b>JUSTIFICATION:</b>		SUBTOTAL	\$
		Coupons/Discounts	\$
		S/H	\$
		<b>TOTAL</b>	<b>\$</b>

<b>VENDOR:</b>	
PHONE:	_____
FAX:	_____
EMAIL:	_____

Requestor _____		Date _____
Supervisor Approval _____		Date _____
Business Manager Approval _____		Date _____

<b>Business Office:</b>	
New Vendor	Entered: _____
Rec'd all items	Date: _____
Completed	Date: _____
Order Date:	_____
Entered:	_____
Posted:	_____

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 Maria Toledo

## SPORT ACTIVITY TRIP: ITINERARY

Game Location: \_\_\_\_\_

Date of Game: \_\_\_\_\_

Time of Departure	LOCATION	Time of Arrival	LOCATION

**\*\* Include Bathroom Stop if Needed**

*PRINCIPAL or*  
**ATHLETIC DIRECTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*NOTE: PLEASE GIVE A COPY TO TRANSPORTATION COORDINATOR**



## SPORT ACTIVITY TRIP: ATHLETES LIST

Sport Activity: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

## SPORT ACTIVITY TRIP: CHAPERONE LIST

1.	4.
2.	5.
3.	6.

Following Student Athletes are cleared to participate with Weekly Eligibility Form.

\_\_\_\_\_  
*PRINCIPAL or*  
*ATHLETIC DIRECTOR'S SIGNATURE*

\_\_\_\_\_  
*DATE*

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# NA' NEELZHIIN JI OLTA, INC.



## ENASB MEMBERS

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Maria Toledo

## SPORT ACTIVITY TRIP: CAFETERIA LUNCH REQUESTION

Coach's Name: \_\_\_\_\_ Sport Activity: \_\_\_\_\_

Request Date: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

Game Location: \_\_\_\_\_

Date of Game: \_\_\_\_\_

### Lunch Menu Options:

<u>Bread:</u>	<u>Meat:</u>	<u>Garnish:</u>	<u>Beverage:</u>	<u>Other:</u>
Wheat	Ham	Cheese	Milk	Fruit(s)
White	Turkey	Lettuce	Water	Sun Chips
		Tomatoes	Orange Juice	Gold Fish
		Pickles	Apple Juice	Cookie(s)

*PRINCIPAL or*  
*ATHLETIC DIRECTOR'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*CAFETERIA'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

**\*\*Note:** All Sport Activity request(s) must be turned into the cafeteria TWO (2) weeks before the scheduled trip so the appropriate food items can be ordered and prepared.

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## ENASB MEMBERS

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Maria Toledo

## SPORT ACTIVITY TRIP: TRANSPORTATION TRIP REQUESTION

Coach's Name: \_\_\_\_\_ Sport Activity: \_\_\_\_\_

Request Date: \_\_\_\_\_ Number of Athletes: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

Game Location: \_\_\_\_\_

Date of Game: \_\_\_\_\_

### Type of Bus Transportation:

54 Passenger

64 Passenger

*PRINCIPAL OR*  
*ATHLETIC DIRECTOR'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*TRANSPORTATION'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_