



# NA' NEELZHIIN JI OLTA, INC.

HCR 79 Box 9  
Cuba, New Mexico 87013  
P. 505-731-2272 | F. 505-731-2252  
www.naneelzhiin.org



## FIELD TRIP PACKET CHECK LIST

Name of Trip:

Date of Trip:

Teacher:

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.	Check NJOI Field Trip Calendar & Sports away games. Are other trips planned on this date? If so, pick a different date.
3.	Completed <u>Field Trip Authorization Form</u> .
4.	Completed Educational <u>Objectives of the Field Trip</u> – indicate state standards.
5.	Completed <u>Requisitions Forms</u> .
6.	Completed <u>Field Trip Itinerary</u>
7.	Completed List of <u>Students' Name</u> with a list of the <u>Chaperones</u> .
8.	Completed <u>Cafeteria Lunch Request</u> .
9.	Completed <u>Transportation Request</u> .
10.	<u>Permission Slips</u> (attached a copy)
11.	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.
12.	Other (Double check Chaperones: Background Check Clearance Required)



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## FIELD TRIP AUTHORIZATION FORM

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### TRIP DETAILS

Destination of Trip: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Number of Students: \_\_\_\_\_

### OBJECTIVES/PURPOSE OF FIELD TRIP (*Follow State Standards*)


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

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

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

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

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

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

## SY2024/2025 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
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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:	_____

Revised 06/22/23

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

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 HCR 79, BOX 9  
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12						\$
13						\$
14						\$
15						\$
16						\$
17						\$
18						\$
19						\$
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<b>VENDOR:</b>
PHONE: _____
FAX: _____
EMAIL: _____

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

<b>Business Office:</b>	
New Vendor	Entered: _____
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Revised 06/22/23



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## FIELD TRIP ITINERARY

Field Trip: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Departure	LOCATION	Time of Arrival	LOCATION

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

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

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



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## FIELD TRIP: STUDENT LIST

Grade: \_\_\_\_\_

Teacher 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.

## FIELD TRIP: CHAPERONE LIST

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.



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## CAFETERIA FIELD TRIP LUNCH REQUESTION

Requestor's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Request Date: \_\_\_\_\_ Number of Students: \_\_\_\_\_

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

Name of Field Trip: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

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

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

**\*\*Note:** All field trip 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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## TRANSPORTATION FIELD TRIP REQUESTION

Requestor's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Request Date: \_\_\_\_\_ Number of Students: \_\_\_\_\_

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

Name of Field Trip: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Type of Bus Transportation:

54 Passenger

64 Passenger

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

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