



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)

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

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:	_____

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

JUSTIFICATION:	SUBTOTAL	\$
	Coupons/Discounts	\$
	S/H	\$
	TOTAL	\$

VENDOR:
PHONE: _____
FAX: _____
EMAIL: _____

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

Business Office:	
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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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**



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:* _____