

STUDENT ACTIVITIES TRAVEL REQUISITION
MESA UNIFIED SCHOOL DISTRICT

TRIP COORDINATOR: Date given to Travel Secretary _____
Req# _____ Buyer: _____

SCHOOL: _____

DATE RECEIVED: (Entered by school travel secretary) _____

STUDENT GROUP TRAVELING: _____ TRIP EVENT: _____

CERTIFIED EMPLOYEE SUPERVISING TRIP: _____ CONTACT PH# _____

STUDENT ACTIVITIES EXPENSE APPROVAL FORM HAS BEEN COMPLETED AND SENT TO STUDENT ACTIVITIES YES

EXPENSE APPROVAL # _____

Vendor Name: _____	SEND TO	Amount \$ _____
Address: _____	<input type="checkbox"/> Vendor	<u>Request for (check one)</u> <input type="checkbox"/> Check
City, State: _____	<input type="checkbox"/> Requisitioner	<input type="checkbox"/> Cash Envelope
Zip Code: _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Purchase Order

Number of Students _____ Number of MPS Employees _____ Number of Non-MPS Employees _____
Reminder, required chaperone ratio is as follows: Elementary 1:10 Secondary 1:15 (this includes all teachers and adults)

Date of trip: From _____ TO _____ Destination: _____

Select all funds to be used: ECA (526-8XXX) ATHLETIC (525-13XX) CLUB (850-7XXX) OTHER _____

Reminder, deposits from chaperones/adults over required ratio #'s will need to be made into the 850 (club) funds for trip payment

ADMISSION/REGISTRATION

XXX.6XX.1000.6890.XXX.000.XXXX.00 Student -----	Acct # _____	\$ _____
	Acct # _____	\$ _____
XXX.6XX.1000.6580.XXX.000.XXXX.00 All Chaperones (MPS & Non-MPS) -----	Acct # _____	\$ _____
	Acct # _____	\$ _____

FOOD/HOTEL

XXX.6XX.2190.6890.XXX.000.XXXX.00 Student -----	Acct # _____	\$ _____
	Acct # _____	\$ _____
XXX.6XX.2190.6580.XXX.000.XXXX.00 All Chaperones (MPS & Non-MPS) -----	Acct # _____	\$ _____
	Acct # _____	\$ _____

AIRLINE TICKETS/CHARTER BUSES

XXX.400.2700.6519.XXX.000.XXXX.00 -----	Acct # _____	\$ _____
	Acct # _____	\$ _____

CAR & VAN RENTAL

XXX.6XX.1000.6440.XXX.000.XXXX.00 -----	Acct # _____	\$ _____
	Acct # _____	\$ _____

GASOLINE (Cash Envelope Request)

XXX.400.2700.6626.XXX.000.XXXX.00 -----	Acct # _____	\$ _____
	Acct # _____	\$ _____

AUTHORIZING SIGNATURES

TRIP COORDINATOR: _____
(please read and initial)

_____ As Trip Coordinator, I acknowledge that ALL non-required Chaperone(s) have been approved, fingerprinted (if applicable), and will pay their own trip costs, either into a MPS Club (850) account through an In-Touch deposit or directly to the vendor. I am aware I may be personally responsible for payment if trip costs failed to get paid.

_____ As Trip Coordinator, I acknowledge that for cash envelope requests, I am responsible for all cash, receipts, and the return of the completed signed cash envelope by date due.

DISTRICT USE ONLY:

Approval Signature: _____

Approval Date: _____

C/E Date: _____

C/E Due Date: _____

Ck#: _____

Administrator: _____ Date: _____