INSTRUCTIONAL FIELD TRIP REQUEST

NOTE: This form is to be completed and returned to the Vice President of Instruction, two weeks prior to the trip. This is necessary for administrative approval and transportation arrangements. Prior to submitting this form for approval, contact the following:

Bus reservations: Contact Transportation (575-6578), fax (575-6946)
Vans and sedans: Contact MJC (575-6020) fax (575-6793), Columbia College (588-5101), fax (588-5104).

A complete passenger list to include faculty, students and any guest must be submitted or faxed to the appropriate office prior to the vehicle leaving the campus.

MJC/CC Class: ___________________________ Number of students attending: ______

Destination: ________________________________

Transportation requested: Bus (43)  Van (11)  Van (8)  Sedan  Other  ____________________________

Day/Date leaving: ___________________________ Departure time from college: ______

Day/Date returning: _________________________ Return (arrival) time to college: ______

Please check location where students should be picked up:

MJC East:  ☐ Gymnasium  Transportation approved: ____________________________

MJC West:  ☐ Yosemite Hall  Request No.: ______  Date: ______

☐ Sierra Hall  ☐ Other (Indicate) ____________________________

Columbia:  ☐ Oak Pavilion  Out of State/ Country approval: ____________________________

☐ Other (Indicate) ____________________________

Will you need to make special transportation or trip site accommodations for any disabled students?  Yes ☐  No ☐

If yes, please describe: ____________________________

Estimated reimbursement: $ ______  Account #: ____________________________

Instructor initiating request: ___________________________________ Extension: ____________________________

Division approval: ___________________________________ Date: ____________________________

Your field trip request has been:  Approved ☐  Denied ☐

Vice President of Instruction: ____________________________ Date: ____________________________

Signature

Reimbursement Information  (Return to MJC College Administrative Services OR CC Institutional Operations)

Meals: ____________________________  Instructor ____________________________  Signature

Other: ____________________________  Division Approval ____________________________  Signature

Total: ____________________________ (Receipts must be attached)