

## Career and Technical Education

### Educational Field Experience\_RFP

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Number: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Purpose: \_\_\_\_\_

Career Academy/CTE Program: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Teacher/Chaparone Name:	PIN	Substitute	
_____	_____	<input type="checkbox"/>	Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/>	Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/>	Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Costs: TIME (total hours) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

MILES (round trip) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Total Estimated Trip Cost:

**THE FOLLOWING ITEMS MUST BE FAXED TO THE DISTRICT  
OFFICE TO PROCESS FOR APPROVAL OF FUNDING**

**858-3584**

- Educational Field Experience\_RFP Form
- Approved Field Trip Checklist
- Approved Personnel TDE Form
- Field Trip Itinerary
- Completed Bus Expense Voucher