

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

STUDENT FIELDTRIP/EXCURSION CHARTER FORM (No Travel Agent)

College _____ De Anza _____ Foothill _____ Department _____

Sponsor/Instructor _____

Phone Number _____

Course Number/Title/Activity _____

Destination _____

Date & Time of Departure _____

Date & Time of Return _____

Number Participating _____

Departure Point (be specific) _____

Round Trip Mileage Estimate _____

Amenities Required _____ On-Board Toilet _____ Public Address System _____

Other Information/Comments _____

Number of Buses Required _____

Charter Company _____

Address _____

City, State _____ Phone _____

Preferred Driver _____ Substitute Permissible? _____

Certificate of Insurance _____

Maximum Cost Acceptable \$ _____ Account Code:

--	--	--	--	--	--

5	5	2	0
---	---	---	---

Approvals:	Division Dean _____	Date _____
	Vice President _____	Date _____

PLEASE SUBMIT TO PURCHASING SERVICES

ALL ARRANGEMENTS MUST BE MADE BY PURCHASING SERVICES

FOR PURCHASING SERVICES USE ONLY

P.O. Number _____ Carrier _____ Estimated Price \$ _____

Date confirmed or other comments _____