Form 437a Rev. 8/09 RS 01-1386 (Rev. of RS 02-1421)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **STATE OF HAWAI‘I**  DEPARTMENT OF EDUCATION  P.O. BOX 2360  HONOLULU, HAWAI‘I 96084  **Intra-State Travel**  **Out-of-State Travel** | | | | **REQUEST/APPROVAL FOR INTRA-STATE OR OUT-OF-STATE STUDENT TRAVEL**  Destination Wailuku Park | | | |
| School or Branch | | | | Dist. or Div. | | | | Trip No. |
| H.P. Baldwin High School | | | | Maui | | | | 1 |
| No. & Name of Student Traveler(s) (Attach list if necessary) | | | | Name/Title of School Chaperones (Attach list if necessary) | | | | |
| 20+ (see attached list) | | | | Roxana Hollifield & Amy Ancheta, SADD Club Advisors | | | | |
|  | | | | Name of Adult Non-school Chaperones (Attach list if necessary) | | | | |
|  | | | | n/a | | | | |
| **PURPOSE OF TRAVEL:** (Attach program agenda) | | | | | | | | |
| Club Initiation Picnic | | | | | | | | |
| **TRAVEL ITINERARY** (Specify, dates, times, and destination | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date** | **Departure Time** | **Date** | **Arrival Time** | **Destination (City, State)** | | September 20, 2013 | 10:00 a.m. | September 28, 2013 | n/a | Kamali’i Park | | September 20, 2013 | 1:00 p.m. | September 28, 2013 | n/a | Kamali’I Park | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | |
| **DURATION OF TRAVEL:** | | **No. of Days** | | | **Dates** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | From | To | | School Days | 0 |  |  |  | | Non-school Days | 0 |  |  |  | | Total Travel Days | 0 |  |  |  | | | | | | | | | |
| **COST OF TRIP:** | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Per Student | x No. | = Total | Per Adult | x No. | = Total | Group Totals | | Plane Fare |  |  |  |  |  |  |  | | Ground Transportation |  |  |  |  |  |  |  | | Per Diem (meals/lodging) |  |  |  |  |  |  |  | | Conferences or Registration Fee |  |  |  |  |  |  |  | | Other (Specify): |  |  |  |  |  |  |  | | Total | n/a |  |  |  |  |  |  | | | | | | | | | |
| **SOURCE OF FUNDS:** | | | | | | Amount |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Program ID/Program Title (Title of Fund)** | **Org ID** | **Student** | **Adult** | **Total** | | **Type of Fund** |  |  |  |  |  | | **General Fund** |  |  |  |  |  | | **Federal Fund** |  |  |  |  |  | | **Special Fund** |  |  |  |  |  | | **Trust Fund** |  |  |  |  |  | | **Other** (Specify) | n/a |  |  |  |  | | (e.g. fundraising/ donations/ personal/ local school account) |  |  |  |  |  | |  |  |  |  | | | | | | | | | |
|  | | | Total $       +       = | | | | | |
| **COMPENSATION:** (For signature of chaperones who are DOE Employees) | | | | | | | | |
| I certify that no additional compensation will be requested because of my participation in this activity.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Name |  | Date |  | Name |  | Date | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Name |  | Date |  | Name |  | Date | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Name |  | Date |  | Name |  | Date | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Name |  | Date |  | Name |  | Date | | | | | | | | | |
| **SUBSTITUTES:** | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  | Dates | | | | | | | 0 | |  | 0 |  |  | | |  |  | | | No. of Substitutes | |  | No. of Days Per Substitute |  | From | | |  | To | | | Substitute charges are made to: | | n/a | | | | |  | n/a | | | |  | | Leave Code # | | | | |  | Program ID | | | | | | | | | | | |
| **SAFETY AND OTHER CONSIDERATIONS** | | | | | | | | |
| Describe safety procedures and guidelines to be followed during field trips to natural and water environments, if applicable. If more space is needed, attach separate sheet.    A cell phone will be available at all times.  Safety procedures and guidelines will be shared with students and chaperones.  The guidelines/procedures for field trips/student travel have been reviewed and will be shared with students and chaperones.  Appropriate ground and air transportation guidelines have been reviewed and will be shared with students and chaperones.  Approval from receiving school is on file, if applicable. | | | | | | | | |
| **AUTHORIZATION FOR TRIP: (Intra-state Only)** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | APPROVED  DISAPPROVED |  |  |  | |  | Principal |  | Date | | | | | | | | | |
| **COMPLETE THIS PORTION FOR OUT-OF-STATE TRAVEL ONLY.**  **SUBMIT ORIGINAL TO THE DISTRICT OFFICE FOR APPROVAL.**  **REQUEST FOR TRIP APPROVAL:**  I request approval of this out-of-state student travel.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | Principal |  | Date | | | | | | | | | |
| **AUTHORIZATION FOR TRIP: (Out-of-State Only)** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | APPROVED  DISAPPROVED |  |  |  | |  | District or Assistant Superintendent |  | Date |   Distribution for Out-of-State Trips: **Original** – School, to be submitted to Vouchering for payment if applicable **Copy** – District Office | | | | | | | | |