



**STATE OF HAWAII**  
 DEPARTMENT OF EDUCATION  
 P.O. BOX 2360  
 HONOLULU, HAWAII 96804

**REQUEST/APPROVAL FOR INTRA-STATE  
 OR OUT-OF-STATE STUDENT TRAVEL**

**Intra-State Travel**     **Out-of-State Travel**

Destination \_\_\_\_\_

School or Branch	Dist. or Div.	Trip No.
No. & Name of Student Traveler(s) (Attach list as necessary)	Name/Title of School Chaperones (Attach list as necessary)	
	Name of Adult Non-School Chaperones (Attach list as necessary)	

**PURPOSE OF TRAVEL:** (Attach program agenda)

**TRAVEL ITINERARY** (Specify dates, times, and destination):

Date	Departure Time	Date	Arrival Time	Destination (City, State)

**DURATION OF TRAVEL:**

No. of Days	Dates	
	From	To
School Days .....	_____	_____
Non-School Days.....	_____	_____
Total Travel Days.....	_____	_____

**COST OF TRIP:**

	Per Student x No. = Total			Per Adult x No. = Total			Group Totals
Plane Fare .....							
Ground Transportation.....							
Per Diem (meals/lodging) .....							
Conference/Registration Fee..							
Other (Specify): _____							
Total.....							

**SOURCE OF FUNDS:**

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) (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

**SUBSTITUTES:**

Dates

_____	_____	_____	_____
No. of Substitutes	No. of Days Per Substitute	From	To

**Substitute charges are made to :**

_____	_____
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.

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 travel.

_____	_____
Principal	Date

**AUTHORIZATION FOR TRIP: (Out-of-State Only)**

APPROVED

DISAPPROVED

_____	_____
Complex Area Superintendent or Assistant Superintendent	Date

Distribution for Out-of-State Trips: **Original** - School, to be submitted to Vouchering for payment if applicable

**Copy** - District Office