Field Trip Request Form

McCabe Union Elementary School District - ASB, Transportation, and Cafeteria

MUST BE SUBMITTED 4 WEEKS PRIOR TO FIELD TRIP DATE

SECTION 1: REQUESTOR INFORMATION

Teacher Name: _____

Grade: _____

Date of Request: _____

Is this your 1st or 2nd field trip? _____

SECTION 2: FIELD TRIP DETAILS

Destination: _____

Educational Objective: _____

Date(s) of Trip: _____

Administrator Approval: _____

SECTION 3: CHECK INFORMATION

Payee Name (who the check is written to): _____

Payee Address: _____

Amount Requested: _____

SECTION 4: ITEMIZATION OF COSTS

Item Description	Quantity	Unit Price	Total Cost

Total Amount: _____

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SECTION 5: FUNDING SOURCE

Funding source (Class funds, Fundraiser, Web store, etc.): _____

ASB Account Balance (if known): _____

SECTION 6: TRANSPORTATION REQUEST (School District Use)

Charter Buses or School Bus: _____

Number of Buses Requested: _____

Destination Address: _____

Number of Students: _____

Number of Staff: _____

Pick-Up Time and Location: _____

Return Time and Location: _____

Special Requests: _____

SECTION 7: CAFETERIA SACK LUNCH REQUEST

Number of Student Lunches Requested: _____

Date Lunches Needed: _____

Time Lunches Needed: _____

Special Dietary (Allergies): _____

District/Business Office Use Only

Check Number: _____

Date Issued: _____