

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT

FIELD TRIP REQUEST AND COST SHEET

Date: _____

Trip to _____ Classes _____

Date of trip _____ Time leave _____ Time pick-up _____ Time return _____

Total number of students _____ Total number of staff _____

Trip leader _____

Tolls Describe _____ Amount _____
Receipts must be submitted for any tolls paid

Fees Describe _____ Amount _____

*Buses Carrier Name _____ Amount _____

Cv Food Student Lunches _____ Amount _____

Adult Lunches _____ Amount _____

TOTAL _____

*BUDGET CODE _____

Is a purchase order accepted by the vendor? _____ Yes _____ No

Is a check required/requested prior to the Trip? _____ Yes _____ No If yes, include amount _____

Is the student count final? _____ Yes _____ No

Other Vendors for the trip _____

Has the bus or District Vehicle(s) been reserved? _____ Yes _____ No

Are any trip costs being paid by Children's Village? _____ Yes _____ No

PURPOSE OF THE TRIP _____

Please attach the description of the Common Core State Standards addressed by the extended learning activity.

APPROVED	DATE
PRINCIPAL	
BUSINESS OFFICE	
SUPERINTENDENT	

Total Cost of Trip _____

Please make a copy for your files and submit the original to the Superintendent's Office and the Business Office for approval.

Please return all trip receipts to the Business Office by the day after the trip.