

PENN CAMBRIA SCHOOL DISTRICT

Form #7
Rev. 5/3/16
Rev. 10/17

FIELD TRIP REQUEST

Directions: Complete one copy and send to the appropriate principal for preapproval. Action will be noted on the form and a copy will be returned.

Name Building(s)

I (We) hereby request approval to participate in a field trip as outlined below:

Participating School(s) Grade(s)

Date of Field Trip Rain Date

Total Person Making Trip: Pupils (total per building) Teachers Parents, etc.

Description of Trip

Place to be Visited

Educational Value

Relation to Planned Course

Transportation: Bus/Van Needed: Yes No If Yes, what bus co.? Using own vehicle: Yes No

Departure: Date Time Place

Return: Date Time Place

Expenses: Cost to the District No Cost to the District Student Paid

ESTIMATED EXPENSES (if assumed by the district):

Complete when submitting request

Registration Fee

Transportation

Tolls

Parking Fees

Meals & Gratuities

Lodging

Misc.

Misc.

ESTIMATED TOTAL

If you are requesting a substitute, please indicate grade or subject and date or dates involved:

Grade

Subject

Date(s)

Substitute Budget Account Code

Advance payment requested: Yes No If yes, an invoice or registration form must be included.

ADVANCED PAYMENTS:

Room Reservation

Registration

Other

Check Number

Signature of Person Making Request Date

Building Principal Pre-Approval Signature Date

DO NOT WRITE IN THIS SPACE - FOR PCSD OFFICE ONLY

Administration approval as per policy Approval, subject to Board of Education action - Date

Not approved - Reason

Copy to: Originator Administrator(s) Accounts Payable Payroll/Benefits Transportation

Signature - Superintendent of Schools Date

Signature - Business Administrator Date

Budget Account Code(s)

STATEMENT ITEMIZING EXPENSES FOR FIELD TRIPS

Complete this side **AFTER** the Field trip

NOTE: This statement with accompanying receipts must be submitted to the Business Office to claim reimbursement.

ACTUAL EXPENSES (Please refer to PCSD Administrative Regulation for Job Related Expenses 331-AR)

Complete AFTER field trip – attach receipts

Registration Fee	_____	
Transportation	_____	(_____ X _____)
Tolls	_____	#miles X rate
Parking Fees	_____	
Meals & Gratuities	_____	
Lodging	_____	
Misc. _____	_____	
_____	_____	
_____	_____	

Check Number

ACTUAL EXPENSE TOTAL _____

LESS TOTAL ADVANCE PAYMENT _____

BALANCE DUE _____

REFUND DUE TO SCHOOL DISTRICT _____

ITEMIZED RECEIPTS MUST BE SUBMITTED FOR LODGING EXPENSES, REGISTRATION FEES, TRAVEL, TOLL CHARGES, ETC.

Post Field Trip Signature _____

Employee *Date*

To be signed when submitting expenses