



Manhattan Beach
Unified School District

Manhattan Beach Unified School District
325 South Peck Avenue • Manhattan Beach • California 90266
(310) 318-7345 • FAX (310) 303-3822

FIELD TRIP REQUEST FORM

Instructions: Complete both pages of this form and submit to your site supervisor. Field Trip Requests must be submitted at least 30 days in advance. Field trips must be approved, and each student must have a completed parent permission slip turned in to the field trip coordinator before going on the field trip. Be sure to keep a copy of this form for your files. *Note that Board Approval is required for all overnight, out of county, or out of state field trips.*

Field Trip Coordinator(s) Name(s)/Position(s): _____

Department/Site: _____ Date of Request: _____

Name/Grade Level(s) of Class Participating: _____

Date(s)/Time(s) of Field Trip: from _____ to _____

Number of Adults Attending: _____ Number of Students Attending: _____

Names (first and last) of Chaperones: _____

Destination Name and Address: _____

Educational Justification: _____

Contact Person at Destination: _____ Destination Phone Number: _____

Total Cost of Field Trip (please complete second page and insert total here): \$ _____

Will parent donations be solicited? Yes No Cost per Student: \$ _____

Have you checked the school calendar to see if there are important events your students will miss if they participate on this field trip? Yes No

Have you called in your request for a substitute to the Sub Finder? Yes No

Have you filled out a Request for Sub form? Yes No

Have your students returned completed Parent Permission Slips to you? Yes No

I understand that my request is not granted until approved by site and district administration and that, once approved, costs may not exceed the above estimate without prior approval from an administrator. Reimbursements will be made in accordance with Board Policy and Administrative Regulation 3350. Upon returning from an approved event, attendee must complete an itemized Request for Reimbursement form and attach a copy of this form and all original itemized receipts for any out of pocket expenses. Submit to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.

Requestor Signature: _____ Date: _____

COST ESTIMATE

For all expenses, attach rate sheet, proposal, quote, or other documentation of costs, including payee name, address, and contact information. Payee should be the vendor if the District is to pay directly or the person who will be requesting reimbursement if it is not possible to pay via a Purchase Order.

Category	District to Pay Vendor Directly	Reimbursement will be Requested	Cost
Admission Fees: \$_____ per student/ \$_____ per adult Deposit required? <input type="checkbox"/> Yes <input type="checkbox"/> No If deposit required, \$_____ due by _____ (date)			\$
Transportation Costs: \$_____ for _____ Additional Charges: \$_____ for _____ \$_____ for _____ \$_____ for _____ Deposit required? <input type="checkbox"/> Yes <input type="checkbox"/> No If deposit required, \$_____ due by _____ (date)			\$
Lodging: _____ rooms for _____ nights @ \$_____/night			\$
Certificated Substitute: _____ days @ \$142.45/day (incl. salary & statutory benefits)	N/A	N/A	\$
Other (Parking, Tolls, Materials, etc.) _____ _____			\$
TOTAL APPROXIMATE COST			\$

Site Administrator Approval: _____ Date: _____

Funding Source: _____ SACS Account Code: _____

Will costs be reimbursed by another organization? Yes No If so, which organization? _____

Superintendent/Designee Approval: _____ Date: _____

Board Approval Date (if applicable): _____ Business Office Review: _____
Initial Date