

Manhattan Beach Unified School District

325 S. Peck Ave. • Manhattan Beach • California 90266 (310) 318-7345 • FAX (310) 303-3822

FIELD TRIP APPROVAL 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 field trips that are overnight, out of state, or out of country, or that involve costs above \$25,000.

Field Trip Coordinator(a) Name (a) and Decition(a).				
Field Trip Coordinator(s) Name(s) and Position(s): Department and/or Site:	Request Date:			
Name(s)/Grade Level(s) of Class(es) Participating:	Noquest Bute.			
Date(s)/Time(s) of Trip: from	to			
Total Number of Adults Attending:	Total Number of Students Attending:			
Names (first and last) and Positions of Chaperones:				
Destination Name and Address:				
Educational Justification:				
Contact Person at Destination:	Destination Phone #:			
Total Cost of Field Trip (this figure should match the total	approximate cost from the second page of this form)			
Will parent donations be solicited?	Cost per Student			
Have you checked the school and district calendars for important events that students might miss if they participal that you called in your request for a substitute to the Su	·			
	b i muci :			
Have you filled out a Request for Sub form?				
Have your students returned completed Parent Permission	on Slips to you?			
above estimate without prior approval from an administra Administrative Regulation 3350. Upon returning from an	d by site/district administration and that, once approved, costs may not exceed the tor. Reimbursements will be made in accordance with Board Policy and approved event, attendee must complete an itemized Request for Reimbursement ed receipts for any out of pocket expenses. Submit to supervisor within 3 to 5 days of eipts will not be reimbursed.			
Requestor Signature:	Date:			

Manhattan Beach Unified School District

Manhattan Beach Unified School District

325 S. Peck Ave. • Manhattan Beach • California 90266 (310) 318-7345 • FAX (310) 303-3822

FIELD TRIP APPROVAL FORM

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.

Estimated Expenditures						Payment Method	Cost
Admission Fees		students @			per student		
		adults @			per adult		
	Deposit due?						
	If so,		is due	by (date):			
T	001			ay (data).			
Transportation Costs		for					
Additional Charges		for					
		for					
		for					
		for -					
	Deposit due?						
	If so,		is due	by (date):			
Lodging		rooms for					
		night(s) @			per night		
Certificated Substitute(s)		days	\$	142.45	per day (sal. & stat. ben.)	N/A	
Classified Substitute(s)		hours for				N/A	TBD
Meals		Breakfasts @	\$	17.00	per person per meal		
		Lunches @	\$	18.00	per person per meal		
		Dinners @	\$	34.00	per person per meal		
note that costs are inc	clusive of taxes a	and tips of up to 2	20%; alco	holic beve	rages are prohibited		
Other (Parking, Tolls, Co	nference Mate	rials, etc.) - plea	ase list b	elow:			
					TOTA	L APPROXIMATE COST	
					1017	L. A. I. ROAMWATE COST	
Site Administrator Approval	:					Date:	
Funding Source:			SACS C	ode:		•	
Will costs be reimbursed by	another organiz	zation?			If so, what organization?		
Superintendent/Designee A	=				Ç	Date:	
Board Approval Date (if app					Business Office Review	•	
					-	(initial)	(date)