Reset Form

Request for Field Trip/Excursion Approval & Meal Advance

Form is to be submitted **30** days prior to the Event/Trip

☐ Cañada ☐ CSM ☐ Skyline

This request must be filed with the Instruction/Student Services Office in order to establish recognition of the proposed field trip/ excursion as an official college activity. This is essential to assure student/staff protection under liability and student accident insurance.

Staff/Faculty/Chaperone Name: _____ Date of Request: _____

Staff/Faculty/Chaperone G #: _____ Date Cash is Required: _____

Individual in Charge Name (if different from above): _____

Event/Trip/ Course Name: _____ Departure Date: _____

Course #: _____ Departure Time: _____

Event/Trip Location: _____ Return Date: _____

Departure Point: _____ Return Time: _____

Purpose: _____

Type of Trip: ☐ _____Day(s) (School Day) ☐ Overnight Trip, _____ Nights

☐ _____Day(s) (Non-school Day) ☐ Out-of-State Trip

Type of Transportation: ☐ District Sponsored ☐ Individual Arrangement

Number of Participants **(Student + Chaperone):** _____

*Meals (Per-Diem) rate:

Day Trip: B@$10 | L@$15 | D@ $15

Overnight Trip:B@$15 | L@$22 | D@ $33

1.a. Meals (Per-Diem):	enter # of meals required:		
Breakfast (B)			$
Lunch (L)			$
Dinner (D)			$
		1.a. Total Per-Diem Meals:	$ 0.00
1.b. Meals (Group Reimbursement): Enter Lump Sum Amount:			$
2. Lodging:			$
3. Entry or Conference Fee:			$
4. Transportation Expense:			$
5. Other Authorized Expense (Explain):			$
		Total Event/Trip Cost:	$ 0.00
		Total Cash Advance Request:	$

Account (FOAP):

1. _____ $
2. _____ $
3. _____ $
4. _____ $

Total FOAP $ 0.00

* I have read and abide by the Board Policies and guidelines pertaining to field trip/excursion, student conduct, and travel.
* I have attached supporting documents to this form.
* Submit this form and supporting documents to your division/dept. then, the VP's office shared (AppServ) folder **30 days before the event.**

College President Signature
***Overnight/ Out-of-State Trip**

* Staff/Faculty/Chaperone Signature

Administrator Signature

VPI/ VPSS Signature

College Business Officer Signature

Cashier's Office Use Only

Cash Disbursed Date: _____ Cashier's Initials: _____

Cash Disbursed Amount: $ _____

Cash Disbursed to: Name _____ Signature _____ Date _____

(07/21/2026)