

## 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:

1.a. Meals (Per-Diem):	<small>enter # of meals required:</small>		
Breakfast @ \$15:		_____	\$ <input style="width: 50px;" type="text"/>
Lunch @ \$22:		_____	\$ <input style="width: 50px;" type="text"/>
Dinner @ \$33:		_____	\$ <input style="width: 50px;" type="text"/>
1.a. Total Per-Diem Meals:			\$ <input style="width: 50px;" type="text"/>
1.b. Meals (Group Reimbursement): Enter Lump Sum Amount:			\$ <input style="width: 50px;" type="text"/>
2. Lodging:		_____	\$ <input style="width: 50px;" type="text"/>
3. Entry or Conference Fee:		_____	\$ <input style="width: 50px;" type="text"/>
4. Transportation Expense:		_____	\$ <input style="width: 50px;" type="text"/>
5. Other Authorized Expense (Explain):		_____	\$ <input style="width: 50px;" type="text"/>
Total Event/Trip Cost:			\$ <input style="width: 50px;" type="text"/>
Account (FOAP):			Total Cash Advance Request: \$ <input style="width: 50px;" type="text"/>
1. _____	\$		
2. _____	\$		
3. _____	\$		
Total FOAP \$			

\* 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. 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 \_\_\_\_\_