

PENN CAMBRIA SCHOOL DISTRICT
FIELD TRIP REQUEST

Form #7
Rev. 5/16
Rev. 10/17
Rev. 1/25

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: <input type="checkbox"/> Originator	<input type="checkbox"/> Administrator(s)
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Payroll/Benefits
<input type="checkbox"/> Transportation	<input type="checkbox"/> School Nurse

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