

# 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): | <small>enter # of meals required:</small> |       |  |
| Breakfast (B)          |   | _____ | \$ <input style="width: 50px;" type="text"/> |
| Lunch (L)              |   | _____ | \$ <input style="width: 50px;" type="text"/> |
| Dinner (D)             |   | _____ | \$ <input style="width: 50px;" type="text"/> |

1.a. Total Per-Diem Meals: \$

1.b. Meals (Group Reimbursement): Enter Lump Sum Amount: \_\_\_\_\_ \$

2. Lodging: \_\_\_\_\_ \$   
 3. Entry or Conference Fee: \_\_\_\_\_ \$   
 4. Transportation Expense: \_\_\_\_\_ \$   
 5. Other Authorized Expense (Explain): \_\_\_\_\_ \$

|                 |   |                             |  |
|-----------------|---|-----------------------------|--|
| Account (FOAP): |   |                             |  |
| 1.              | \$ <input style="width: 50px;" type="text"/>            | Total Event/Trip Cost:      | \$ <input style="width: 50px;" type="text"/> |
| 2.              | \$ <input style="width: 50px;" type="text"/>            | Total Cash Advance Request: | \$ <input style="width: 50px;" type="text"/> |
| 3.              | \$ <input style="width: 50px;" type="text"/>            |                             |  |
| 4.              | \$ <input style="width: 50px;" type="text"/>            |                             |  |
|                 | Total FOAP \$ <input style="width: 50px;" type="text"/> |                             |  |

\* 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 \_\_\_\_\_