



ASB FIELD TRIP REQUEST

SUBMIT TO PRINCIPAL AT LEAST 2 WEEKS PRIOR TO TRIP.

ATTACH THIS FORM TO THE ASB REQUISITION WHEN MAKING FIELD TRIP PAYMENTS.

School Name: _____ **Date:** _____

Date of Field Trip: _____ **Teacher:** _____

Destination: _____

Time: Leave from School Site: _____ Arrive at Destination: _____
Leave from Destination: _____ Arrive at School Site: _____

Reason for Field Trip: _____

Transportation: **Bus** **Private Car(s)** **Other:** _____

Estimated Costs of Trip:

Transportation: \$ _____ Admission: \$ _____ Other: \$ _____

How will it be financed? **Fundraiser** **Donations** **Other** _____

Account #: _____ **Account Name:** _____ **Balance:** \$ _____

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| <p>APPROVED</p> <p>DENIED</p> <p>Reason for Denial: _____</p> <p>_____ _____ _____</p> <p style="text-align: center;">Principal (Print Name) Principal's Signature Date</p> |
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