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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Autauga County Technology Center – Field Trip Request Form | | | | | | | | | |
|  | | | | | | | | | |
| Date Submitted | |  | | | | Teacher Name |  | | |
| Field Trip Request | | | | | | | | | |
| Requests For Field Trips Must Be Submitted a minimum of **20 days** In Advance **(Excluding Weekends/Holidays)** | | | | | | | | | |
| School Activity Name | | |  | | |  | | | |
| Date(s) of Field Trip | | | From | | |  | | To |  |
| Field Trip Description | | |  | | | | | | |
| Purpose of Field Trip | | |  | | | | | | |
|  |  |  | |  | **Attach lesson plans or other documentation showing a tie to your curriculum** | | | | |
|  | Approved |  | | Denied |  | | | | |
|  |  |  | |  | Principal Signature | | | | |

Field Trip Checklist

* Submit this form to Ms. Goodwine for approval-include all documentation needed
* Check with Ms. Musgrove regarding Receipt Module setup for your trip
* Enter in Trip Direct 15 business days prior to Field Trip
* Create/send home Permission Slip and Waiver Forms for each student attending
* Set date for money and forms to be turned in by students
* Purchase Order for Registration Fees/Entrance Fees/Etc.
* Purchase Order for Bus Driver
* Purchase Order for Bus Mileage
* Purchase Order for Substitutes
* Excel spreadsheet showing those attending AND their home schools for the nurse

**SIGNED CLUB MEETING MINUTES APPROVING THIS TRIP AND THE EXPENDITURES REQUIRED MUST BE SUBMITTED WITH THIS FORM IF THE TRIP IS FOR YOUR CTSO STUDENTS.**

***DO NOT COMPLETE ANY OF THESE STEPS UNTIL YOUR FIELD TRIP HAS BEEN***

***APPROVED BY PRINCIPAL!***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Autauga County Technology Center** | | | | | | | | | | | | |
| 1301 Upper Kingston Road **DATE REC'D:** | | | | | | | | | | | | |
| Prattville, AL 36067 | | | | | | | | | | | | |
| Phone: (334) 361-0258 Fax: (334) 361-3839 | | | | | | | | | | | | |
|  |  |  |  | |  |  | PO # |  | | | |
| **DO NOT ORDER BEFORE PO# IS ASSIGNED PURCHASE ORDER** | | | | | | | | | | | | |
|  |  |  |  | |  |  | **FUND** | **SOURCE #/NAME** | | | |
| Vendor |  | | | | |  | CLASS |  |  | | |
| Address |  | | | | |  | CLUB |  |  | | |
|  |  | | | | |  | CIS |  |  | | |
| email/ph |  | | | | |  |  | ***CIRCLE ONE*** |  | | |
|  |  |  |  | |  |  | OM |  | PERKINS | | |
| **DATE APPROVED**: | | | | | |  |  | | | | |
|  |  |  | | |  |  | MAINT $$ OTHER | | | | |
|  |  |  |  | |  |  |  |  |  | | |
|  | *When spending CLUB funds you MUST attach* ***signed*** *club minutes to this request!* | | | | | | | | | | | |
| **CODE:** |  | |  | |  |  |  |  |  | | |
|  |  |  |  | |  |  |  |  |  | | |
|  |  |  |  | |  |  |  |  |  | | |
| Quantity | | Description | | | | | Unit Cost | | Extension | | |
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|  | | Describe the reason for your purchase: | | | | |  | | - | | |
|  | |  | | | | |  | | - | | |
|  | |  | | | | |  | | - | | |
|  |  |  |  | |  |  |  | Total | - | | |
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|  | | | | |  |  |  |  |  | | |
| Instructor's Signature | | | | |  | Administrator's Signature | | | | | | |
| FIELD TRIP RECONCILIATION FORM | | | | | | | | | | | | | |
|
|
|  | | | This form must be completed within 5 days after trip has occurred | | | | | | | |  | | |
|  | | |  |  | | | | | |  |  | | |
| Field Trip Destination: | | |  | | | | | | | | | | |
| Class/CTSO/fund # | | |  | | | | | | | | | | |
| Date and Trip Number: | | |  | | | | | | | | | | |
|  | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
| Total $ Collected: | | |  | | | | | | | | | | |
| (Must attach a copy of activity report with collections related to this trip highlighted.) | | | | | | | | | | |  | | |
|  | | |  |  | | | | | |  |  | | |
|  | | | Date | Vendor Name & Purchase Order Number | | | | | | Ck# | Amount | | |
| Expenditures: | | |  |  | | | | | |  |  | | |
| List each separately; | | |  |  | | | | | |  |  | | |
| including bus mileage | | |  |  | | | | | |  |  | | |
| and entrance fees, | | |  |  | | | | | |  |  | | |
| payroll expenses | | |  |  | | | | | |  |  | | |
| i.e. drivers, subs | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
| Attach copy of | | |  |  | | | | | |  |  | | |
| activity report | | |  |  | | | | | |  |  | | |
| with expenditures | | |  |  | | | | | |  |  | | |
| related to this | | |  |  | | | | | |  |  | | |
| trip highlighted | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | | Total Expenditures: |  | | |
| Explain any loss or profit here. Field Trips should break even. | | | | | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
| Teacher Signature | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
| Date Completed | | |  |  | | | | | |  |  | | |
|  | | |  |  | | | | | |  |  | | |
| Principal Signature | | |  |  | | | | | |
|  | | |  |  | | | | | | | | | |