



**Manhattan Beach Unified School District**

325 S. Peck Ave. • Manhattan Beach • California 90266  
(310) 318-7345 • FAX (310) 303-3822

**FIELD TRIP APPROVAL FORM**

**INSTRUCTIONS:**

Complete both pages of this form and submit to your site supervisor. Field Trip Requests must be submitted at least 30 days in advance. Field trips must be approved, and each student must have a completed parent permission slip turned in to the field trip coordinator before going on the field trip. Be sure to keep a copy of this form for your files.

*Note that Board Approval is required for all field trips that are overnight, out of state, or out of country, or that involve costs above \$25,000.*

Field Trip Coordinator(s) Name(s) and Position(s): \_\_\_\_\_  
Department and/or Site: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Name(s)/Grade Level(s) of Class(es) Participating: \_\_\_\_\_  
Date(s)/Time(s) of Trip: from \_\_\_\_\_ to \_\_\_\_\_  
Total Number of Adults Attending: \_\_\_\_\_ Total Number of Students Attending: \_\_\_\_\_  
Names (first and last) and Positions of Chaperones: \_\_\_\_\_

Destination Name and Address: \_\_\_\_\_  
Educational Justification: \_\_\_\_\_

Contact Person at Destination: \_\_\_\_\_ Destination Phone #: \_\_\_\_\_  
Total Cost of Field Trip (this figure should match the total approximate cost from the second page of this form) \_\_\_\_\_  
Will parent donations be solicited? \_\_\_\_\_ Cost per Student \_\_\_\_\_

- Have you checked the school and district calendars for important events that students might miss if they participate in this field trip?
- Have you called in your request for a substitute to the Sub Finder?
- Have you filled out a Request for Sub form?
- Have your students returned completed Parent Permission Slips to you?

I understand that my request is not granted until approved by site/district administration and that, once approved, costs may not exceed the above estimate without prior approval from an administrator. Reimbursements will be made in accordance with Board Policy and Administrative Regulation 3350. Upon returning from an approved event, attendee must complete an itemized Request for Reimbursement form and attach a copy of this form and all original itemized receipts for any out of pocket expenses. Submit to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**COST ESTIMATE:**

For all expenses, attach rate sheet, proposal, quote, or other documentation of costs, including payee name, address, and contact information. Payee should be the vendor if the District is to pay directly or the person who will be requesting reimbursement if it is not possible to pay via a Purchase Order.

Estimated Expenditures	Payment Method	Cost
Admission Fees _____ students @ _____ per student _____ adults @ _____ per adult  Deposit due? If so, _____ is due by (date): _____		
Transportation Costs _____ for _____ Additional Charges _____ for _____ _____ for _____ _____ for _____ _____ for _____  Deposit due? If so, _____ is due by (date): _____		
Lodging _____ rooms for _____ _____ night(s) @ _____ per night		
Certificated Substitute(s) _____ days \$ 142.45 per day (sal. & stat. ben.)	N/A	
Classified Substitute(s) _____ hours for _____	N/A	TBD
Meals _____ Breakfasts @ \$ 17.00 per person per meal _____ Lunches @ \$ 18.00 per person per meal _____ Dinners @ \$ 34.00 per person per meal  <i>note that costs are inclusive of taxes and tips of up to 20%; alcoholic beverages are prohibited</i>		
Other (Parking, Tolls, Conference Materials, etc.) - please list below:		
<b>TOTAL APPROXIMATE COST</b>		

Site Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Funding Source: \_\_\_\_\_ SACS Code: \_\_\_\_\_  
 Will costs be reimbursed by another organization? \_\_\_\_\_ If so, what organization? \_\_\_\_\_  
 Superintendent/Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Board Approval Date (if applicable): \_\_\_\_\_ Business Office Review \_\_\_\_\_  
(initial) (date)