

ISHAM PTO REQUEST FOR SCHOOL FIELD TRIP REIMBURSEMENT

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v h nft r rt pe rcny ntt y. u ip cpf t vwtp v hqto vq v v ce t u h crrtq f rn cu uwdo v c u ip f eqr
qh v t sw uv hqto vqv uco hqtt y qv cv v p v u co o v pi

FIELD TRIP INFORMATION – to be completed by the responsible teacher(s)

Grade/Teacher	Destination	Date of Trip
Reason for Trip		
Mode of Transportation (Check all that apply) <input type="checkbox"/> Chartered Vehicle <input type="checkbox"/> School/Activity Bus <input type="checkbox"/> Walking <input type="checkbox"/> Other: Specify		
Number of Student =	Cost per Student = \$	Transportation Cost = \$
Itemized Cost of Additional Request		Total Cost = \$
Justify Amount Here Itemized Cost:		

Teacher Signature	Date
Teacher Signature	Date
Principal Signature (Approval)	Date

Please attach quotes and any other documentation related to this field trip that may assist in the reviewing process.

Special Note to Teachers: Field Trip Requests need to be submitted **PRIOR** to Date of Trip. Transportation Costs are covered by the Isham PTO Field Trip Fund. All non-transportation cost will need to be reviewed and voted on at the next Isham PTO meeting and will depend on availability of funds.

Teacher(s) have 30 days from the Date of Trip to submit receipts for reimbursement

Isham PTO Use Only:

___ Approved ___ Declined Additional Information Requested: _____

Date of Approval _____ Date of Reimbursement _____ Check # _____