



LOS ALAMITOS UNIFIED SCHOOL DISTRICT FIELD TRIP CHECK REQUEST

School Site: _____

Field Trip to: _____ Field Trip Date: _____

Teacher/Grade: _____

Number of Students: _____ Amount/Student: _____

Check Payable to: _____

Check Amount: \$ _____ Date check needed: _____

Account Number: _____

Principal's Signature

Date

**PLEASE REQUEST YOUR CHECK TWO WEEKS IN ADVANCE AND
RETURN FORM TO GENESSE RODRIGUEZ**