Overnight Field Trip Attendance Form

(To be completed **AFTER** completion of the fieldtrip)

Employee Name (print): _____

Fieldtrip Attended: _____

Grade Level Attending: _____

Dates of Fieldtrip: From _____ To _____

#Nights _____ x Rate _____ = Total Due _____

Account# _____

Account Description _____

_____ _____
Employee Signature Date

Approval and Authorization to Pay:

_____ _____
Building Principal Date

_____ _____
Superintendent Date

_____ _____
Treasurer Date