

FIELD TRIP VENDOR REQUEST FORM

COUNSELING ONLY

2023-2024

Please attach this completed form to the Microsoft Forms link here: <u>School Site Field Trips</u>

Counselor Full Name:				
First	Name	Last Name		
Site:	Event	Name:		
Vendor Name:			Vendor #:	
Business Mailing Address:				
Does this vendor/business	s accept POs?	Yes No		
If No, do you need the check prior to your trip?				
If you need a check prior to your trip: Mail Check Pick Up Check				
Number of people who will be eating (include students, staff, and yourself)				
TRIP DESCRIPTION				
Describe the trip, where they are going, and why students are being fed there.				
Authorized Approver(s): Please list the staff member(s) authorized to make purchases on this PO				
Name		mail Address	Phone Number	
FOR CCR OFFICE USE ONLY				
Funding Source: 015	57 7412	Овјест/Астіvіту:		
DATE SUBMITTED:		-		
DIRECTOR SIGNATURE:	DIRECTOR SIGNATURE: APPROVAL DATE:			