

Field Trip Approval

In order to be reimbursed, field trips must be pre-approved. Please submit this form **thirty calendar days** ahead of the scheduled trip. Note that expenditure approval requests must be submitted in addition to this form when outside vendors will be used. Meals for field trips must be approved by the LOSFA Outreach Director and must not exceed \$8.00 per person in total cost.

Contract #: _____ **Requested by** _____
(Name of school)

School Information:

On-Site School Coordinator: _____ Principal: _____

District: _____ District Contact: _____

School Phone: _____

Participation Information:

Field trip leader and title: _____

Number of students attending: _____

Number of parents attending: _____

Number of teachers attending: _____

Student selection criteria: _____

Destination Overview:

Destination: _____ Date of trip: _____

Destination contact person and phone number: _____

Goals and Objectives:

- Increase the academic performance and preparation for postsecondary education (national)
- Enhance students' academic preparation, leadership skills and career awareness (state)
- Provide meaningful financial advice and aid to all LOSFA Field Outreach students

Pre-trip Activities	Trip Activities	Post-trip Assessment and Follow-Up
Pre-trip survey (if applicable)	Visit financial aid office	Post-trip survey (if applicable)
	Visit admissions office	Sign-in sheet(s) (actual)
		Digital photos with captions
A draft itinerary may be attached to this form and submitted as additional documentation. Activities and Assessment should align with the Goals and Objectives listed above.		

Estimated Field Trip Costs:

Transportation: _____ Program/admission: _____

Sub-pay: _____ Meals/Snacks: _____

Other: _____ Total: _____

By signing below, I understand that this expenditure request is not fully authorized until signed by both the LOSFA Field Outreach Director and the LOSFA Program Coordinator for the school requesting this approval.

Signatures for Approval:

(Principal)

(Date)

(District Representative)

(Date)

LOSFA Use Only Reviewed for allowability. LOSFA Program Coordinator _____ Date: _____	Reviewed and Approved. LOSFA Outreach Director _____ Date: _____
---	---

Obtain all signatures before submitting this form to LOSFA for approval.