FIELD TRIP NOTIFICATION FORM

Please notify SED at a minimum 48 hours before the trip is to take place.

Please complete all sections:
Sponsor Name: ________________________________
Sponsor LEA Code: ________________________________
Site Name: ________________________________
Site LEA Code: ________________________________
Date of Trip: ________________________________
Field Trip Destination: ________________________________
Destination Address: ________________________________
Time of Departure from site: ________________________________
Time of Return to site: ________________________________
Number of Children Attending Trip: ________________________________
Meals Served at Trip Site: ________________________________
Please check which meal will be served:
□ Breakfast
□ Lunch
□ Dinner
□ Snack
Meals Service Times(s): ________________________________
How are meals being transported to trip site? ________________________________
Will all children be attending this trip? Yes or No
If no, will you be serving children at the normal site? Yes or No

By checking this box □ I hereby assure that:
1. Only meals served to eligible children will be claimed for reimbursement
2. All meals will meet meal pattern requirements
3. All meals will be properly supervised
4. Safe food handling procedures will be implemented during transportation and service of meals

Authorized Representative Name (Print/Type): ________________________________

Authorized Representative Title (Print/Type): ________________________________

Please Fax to 518-474-9920 or e-mail to CN Representative
This information can also be entered on CNMS on renewal screen