



Field Trip Request

Meals served to children on a provider-supervised field trip may be reimbursed when the field trip has been approved by our office PRIOR to the field trip. Providers may call the office or submit this form (the form must be in our office prior to the field trip).

Provider Name: _____ Date Submitted: _____

Field trip destination: _____

Date of Field trip: _____ Time: _____ (time leaving and returning)

Meal served:

- Breakfast
 AM snack
 Lunch
 PM Snack
 Dinner
 Evening snack

Menu #: _____

The following meal components will be served:

Milk (specify type of milk) _____

Meat/meat alternate _____

Fruit/vegetable _____

Fruit/vegetable _____

Bread (specify what type) _____



The following method will be used to maintain proper heating/cooling temperature:

The following method will be used to ensure proper hand washing:

AFC Approving Signature

Date