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