

**ST CLOUD AREA SCHOOL DISTRICT 742  
CAREER AND TECHNICAL EDUCATION (CTE)  
PERKINS VOCATIONAL EDUCATION ACT**

**FIELD TRIP REQUEST**

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Building: \_\_\_\_\_

License #: \_\_\_\_\_

OE Code: \_\_\_\_\_

Phone ext.: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Time(s): \_\_\_\_\_

Location From: \_\_\_\_\_

Location To: \_\_\_\_\_

Mileage: \_\_\_\_\_

Date bus company contacted: \_\_\_\_\_

Bus company contact: \_\_\_\_\_

Field Trip Description

Why is this trip important?

How will it enhance your program?

Who will participate? *(number and age of students)*

	Vendor	Location	Phone	Cost per piece	Total Cost	Approved Amount
Transportation						
Food*						
Sub*						
<b>TOTAL</b>						

***\*Funds are not typically available for this UFARS code for field trips. Please indicate any special circumstances.***

**Be sure to attach back-up information.**

Received by CTE Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Only one field trip request per form.**