



# COMMUNITY SERVICES HEAD START FIELD TRIP REQUEST FORM



Date of Request:

Director:

Teacher:

Field Trip Date:

Place:

Purpose of Field Trip:

Departure Time:

Return Time:

Additional Transportation Needed: Yes    No

Purchase Requisition Needed:    Yes    No

**(If yes, attach purchase requisition to request form)**

Admin. Office Only:  
H/S Program Manager  
initial \_\_\_\_\_

### Nutrition Information

**Payer Source:**    **Head Start**    **USDA**    **Other**

Posted Menu for day of Field Trip:

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Changed Menu for Field Trip:

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Teacher Signature

Date

Campus Director Signature

Date

**Nutrition Manager Signature**

Date

**Assistant Head Start Director Signature**

Date