Field Trip Grant Request Form

Today’s Date: __________________
School: __________________________
Name of teacher: __________________
Phone number: ____________________
Email: ____________________________

Field Trip Name: ____________________________________________________________
Date of field trip: ________________ Time of field trip: _________________________
Grade level of students: _________ # of students attending: ____________________
Where are you planning to go? ________________________________________________
How does the trip relate to the curriculum?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If approved (and to save time) please list, the payee and the amount for the checks to be written to support your field trip. *

<table>
<thead>
<tr>
<th>Name of Payee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$</td>
</tr>
<tr>
<td>2)</td>
<td>$</td>
</tr>
<tr>
<td>3)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

*If you would like the check payable to you to pay for admission tickets, bus, or other expenses, please indicate so above and remember to submit all receipts.

*If the check is to be made payable to PUSD Transportation, please provide the invoice number below. It is the applicant’s responsibility to submit all bus requests to PUSD Transportation. Please do not submit unprocessed forms to PEF.
PUSD Transportation invoice #: ________________________________

Please let us know where you would like the checks mailed.

☐ Mail check to the following address (if via district mail please provide school name only):

__________________________________________________________________________
__________________________________________________________________________

☐ Hold for pick up. When check is ready please
☐ call me ☐ email me

__________________________________________________________________________

Principal/Department Head Signature __________________________ Print name __________________________

Request will be reviewed and if approved, you will be notified.
Grant recipients are required to submit and evaluation form upon completion of activity.
To download this form please visit http://pasedfoundation.org/grants/forms/