

GEORGE COUNTY SCHOOLS REQUEST FOR FIELD TRIP CUSTODIAL CASH

School/Department _____ Date _____

Amount Requested _____ Budget Code: _____

Requested By _____

Reason custodial cash is required
in lieu of purchase order: _____

Field trip request approved on _____ and attached.

of students _____ X estimated meal cost _____ = amount requested for cash: _____

All field trip collections are deposited.

Secretary's signature

Principal/Director's Signature

Received by:

I understand that I am responsible for the safeguarding of these funds. Funds shall be used solely for student meals. All receipts shall be turned in and any leftover funds returned for redeposit within 5 days of trip.

Custodian of
Field Trip Cash: _____

Signature _____

Date _____

This section is to be completed after the field trip takes place. Send to Accounts Payable Clerk to add to claim.

Amount redeposited _____

Receipt # _____

Meal Receipts received _____

Secretary's Signature