
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