

## Cultural Arts Program Request for Field Trip Meals

**Complete and submit this form to your Food Services Manager at least 3 weeks before the date of your field trip.**

Name of School	Location Code:	Day : M Tu W Th F Sat Sun	Date:
		<i>(For Sunday field trips, complete the Interfund Payment section below.)</i>	
School Teacher/Administrator Name:		Pick up Time of Field Trip Meals: AM PM	
# of Students Requiring a Field Trip Meal:		# of Adults Requiring a Field Trip Meal @ \$6.21 each <b><i>(If adult meals are requested, complete the Interfund Payment section below)</i></b>	
Address of Where Meals will be Consumed:		Field Trip Activity/Enrichment (ex: Museum, Aquarium, etc.)	
Duration of the Field Trip (time) : FROM: TO:		Time Field Trip Meals will Be Served	

### TEACHER/ADMINISTRATOR INSTRUCTIONS

**3 Weeks Prior to Field Trip:**

- \*Complete and return this form to your Food Service Manager three weeks prior to the field trip date.
- \*Complete the Interfund Payment section of this form if Adult Meals and/or Sunday Meals are requested.
- \*Please note that if the student meals are not reimbursed by the State, the student meals will be charged. Your Food Service Manager will notify you and will request that you complete the Interfund Payment section below.

**On The Day of the Field Trip:** *(provide your initials on the lines below)*

- \_\_\_ On the day of the field trip, before boarding the bus, the Teacher will pick up the field trip meals from the Cafeteria in the designated location determined by the Food Service Manager
- \_\_\_ The meals are kept in insulated bags. Upon returning back to school from the field trip, return the bags to the Cafeteria
- \_\_\_ In accordance with food safety guidelines, all food items must be offered to students no later than 4 hours after pick up
- \_\_\_ Signature below indicates teacher understands & agrees to serve all menu items within the 4 hour period
- \_\_\_ See your Food Service Manager regarding Community meals
- \_\_\_ See your Food Service Manager regarding the following forms: Attend. Rosters, Supper Grid Form & Community Roster

Teacher/Administrator Signature: \_\_\_\_\_ Request Date \_\_\_\_\_

### Food Service Manager Instructions

- \_\_\_ Contact your AFSS to request approval for After School Field Trip Meals (**Saturday meals do not require approval from your AFSS and are claimed as Breakfast or Lunch. Sunday field trip meals are non-reimbursable and therefore, student meals are charged.**)
- \_\_\_ If approved by your AFSS, provide reimbursable SUPPER Field Trip meals. *(No charge for Student Meals)* Refer to the Field Trip Menus on the FSD website. Complete the Supper Program Field Trip Online Survey.
- \_\_\_ **Reimbursable** supper field trip meals must be available to the Community. Therefore, provide 2-3 extra field trip meals.
- \_\_\_ If the preparation of the field trip meals requires extra labor hours, with AFSS approval, indicate it on the Interfund Payment section.
- \_\_\_ If there is a request for Adult Meals, ensure the Interfund Payment section for Adult Meals is completed.
- \_\_\_ If your AFSS informs you the meals are not reimbursable, **re-submit this form to the Teacher/Administrator to complete the Interfund Payment portion below. (All meals will be charged.)**
- \_\_\_ After all field trip meals have been provided, email a copy of this completed and signed form to your AFSS and Kevin Ramos Paz [kevin.ramospaz@lausd.net](mailto:kevin.ramospaz@lausd.net)
- \_\_\_ File Attendance Rosters, Supper Grid forms & Community Rosters; keep for three years + the current year (Reimbursable Meals Only)

**Interfund Payment Required for Adult Meals, All Sunday Meals, Non-Area Eligible Meals & FSD Labor**

Student Meals @ \$6.10 X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of Meals

Adult Meals @ \$6.21 X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of Meals

Fund Center	Fund	Functional Area	Object

<b>Food Services Only:</b> Food Services Labor Hours _____ = \$ _____ <small style="margin-left: 100px;">@\$35/hour</small> <b>Total Cost</b> * = \$ _____
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Interfund payment approved by: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date \_\_\_\_\_