

FIELD TRIP ACCOUNTING FORM

**Teachers are responsible for collecting money from their students & parents.
When all the money has been collected turn it in to Andrea with this form.**

Teacher _____ Date _____

Destination of trip _____

Date of trip _____

Total cost of trip: \$ _____ (_____ Students @ \$ _____)
Adults

Amount Collected: \$ _____ (_____ Students @ \$ _____)
Adults

Scholarships: \$ _____ (_____ Students @ \$ _____)

Balance: \$ _____

Teacher's Signature

Date

Office use only:

Amount Received: \$ _____

Field Trip paid by check # _____ Amount \$ _____

Secretary's Signature

Date

20 _____ X _____ = _____

10 _____ X _____ = _____

5 _____ X _____ = _____

1 _____ X _____ = _____

Coin _____

Checks _____

TOTAL _____