



Pointer Education Partnership

FIELD TRIP FUNDING REQUEST

Please provide the following information.

Date of request : _____ Submitted by : _____

Date of Field Trip _____

Destination _____

Purpose of field trip _____

Approximate cost of transportation _____

Other costs _____

Funding Requested _____

Number of Students _____

Requested funding per student _____

Grades and/or Teachers participating in field trip : _____

Date of review by PEP _____

Action taken _____

If denied, reason _____

Authorization : _____

PEP meets on the 2nd Monday of each month.

Please time the submission of your request accordingly.