

Summer Food Service Program (SFSP)

Field Trip Request

Sponsor # & Name _____

Requests for off-site activities must be received by Child Nutrition & Wellness, Kansas State Department of Education (KSDE) at least 48 hours prior to the activity. Only eligible meals approved for service at field trip locations may be claimed for reimbursement.

Date	SFSP Site Location	Field Trip Destination	Number of Meals by Type				Time of Meal Pickup	Time of Meal Service
			B	L	Supper	Snack		

By signing below, I do hereby assure that:

1. Only eligible children will be served.
2. All meals will meet requirements.
3. All meals to children will be properly supervised and counted at point of service by trained SFSP personnel.
4. A separate count form must be used at the point of service for field trips.

Signature of Person Requesting Field Trip: _____

Date: _____

Signature of Authorized Representative: _____

Date: _____

KSDE Approval: _____

Date: _____

This institution is an equal opportunity provider.