WILLINGBORO PUBLIC SCHOOLS
FIELD TRIP CHECK OFF LIST

| SCHOOL/LOCATION NAME: |
| ACTIVITY: |
| DESTINATION: |
| DATE TO TRIP: |

(To be checked off and submitted directly to the Assistant Superintendent of Curriculum & Instruction via your immediate supervisor for approval)

For School Use Only	In-State Field Trip AND Out-of-State Field Trip *(one-day trips only)*	For AS of C&I Use Only	For School Use Only	OVERNIGHT Out-of-State Field Trip	For AS of C&I Use Only
	1. Field Trip Check Off List			**Overnight Field Trip Request Form**	
	2. Field Trip Request Form			**Field Trip Rationale Form (CCS)**	
	3. Field Trip Rationale Form (CCS)			**Bus Transportation Form (IF APPLICABLE)**	
	4. Bus Transportation Form (IF APPLICABLE)			**Rationale Form for Coach Bus Use (IF APPLICABLE)**	
	5. Rationale Form for Coach Bus Use (IF APPLICABLE)			**Paper Requisition for Admissions (IF APPLICABLE)**	
	6. List of Employees			**Invoice (IF APPLICABLE)**	
	7. List of Chaperones			**List of Employees**	
	8. List of Students (must be numbered)			**List of Chaperones**	
	Paper Requisition for Admissions (IF APPLICABLE)			**List of Students (must be numbered)**	
	Invoice (IF APPLICABLE)			**New Jersey Department of Education Request for Out of State Travel Form (each employee)** (please note that this form cannot be altered in any way)	
	OVERNIGHT In-State Field Trip Include all paperwork listed above with the exception of the Field Trip Request Form along with the paperwork noted below:			**Itinerary**	
	Overnight Field Trip Request Form			**Travel Authorization Form (TR-1) (employees only)**	
	Itinerary			**Breakdown of Room Assignments (indicate gender of each)**	
	Travel Authorization Form (TR-1) (submit only if there are charges for the employees chaperoning)			**Requisition for food (students)**	
	Breakdown of Room Assignments (indicate gender of each)			**Requisition for reimbursement for employees**	
	Requisition for food (students)			**Requisition for travel (hotel/air/rail)**	
	Requisition for reimbursement for employees (IF APPLICABLE)				

FOR C.C. ADMIN. / LOCATION USE ONLY: AGENDA # _____ - _____ - _____

Loc. #   Assigned #   Month #