

**Office of Shared Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

FIELD TRIP ACCOUNTING

INSTRUCTIONS: This form is designed to provide the field trip sponsor and the school financial agent with a record of money collected for each field trip. The sponsor should retain both original and a copy of this form along with copies of the receipt forms received from the financial agent attached to it. When the trip is completed, the original of the form, but not the copies of receipt forms, should be given to the school financial agent.

School Name _____ School Number _____

Teacher's Name _____ Grade Level _____

Destination _____ Date of Trip ____/____/____ Time ____ to ____

List students participating and amount paid			Column 1		
Student Name	Perm. Slip	Date Paid	Total paid	Cash	Check
1.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
Total Column 1			\$		

(continued)			Column 2		
Student Name	Perm. Slip	Date Paid	Total paid	Cash	Check
21.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
33.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
37.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
38.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
39.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
40.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
Total Column 2			\$		