

**FIELD TRIP  
 ACCOUNTING**

Receipt # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 \_\_\_\_\_ Date submitted to office \_\_\_\_/\_\_\_\_/\_\_\_\_ School Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Destination \_\_\_\_\_ Date of Trip \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ to \_\_\_\_

List students participating and amount paid			Column 1			(continued)	Column 2				
Student Name	Perm. Slip	Date Paid	Total paid	Cash	Check	Student Name	Perm. Slip	Date Paid	Total paid	Cash	Check
1.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	21.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	22.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	23.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	24.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	25.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	26.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	27.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	28.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	29.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	30.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	31.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	32.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	33.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	34.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	35.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	36.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	37.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	38.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	39.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	40.	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
Total Column 1			\$			Total Column 2			\$		