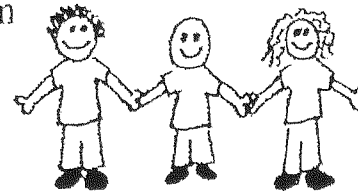


# Child Care Nutrition Program

Center for Persons with Disabilities  
Utah State University  
6830 Old Main Hill  
Logan, Utah 84322-6830



## FDCH FIELD TRIP REQUEST

Call the office to get preapproval.

Field trip meals that are not approved can't be claimed.



PROVIDER NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

Field trip destination: \_\_\_\_\_

Date of Field trip: \_\_\_\_\_

Time: \_\_\_\_\_

Meal served:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Night Snack

Menu Cycle Number: \_\_\_\_\_

The following meal components will be served:

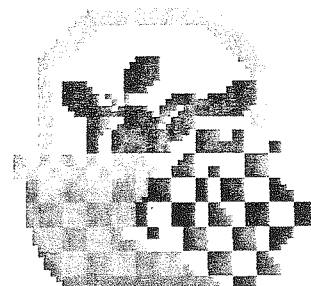
Milk \_\_\_\_\_

Meat/alternate \_\_\_\_\_

Fruit/vegetable \_\_\_\_\_

Fruit/vegetable \_\_\_\_\_

Bread \_\_\_\_\_



The following method will be used to maintain proper cooling temperature:

\_\_\_\_\_

The following methods will be used to ensure sanitation:

\_\_\_\_\_

\_\_\_\_\_  
Sponsor approval signature

\_\_\_\_\_  
Date

**This form must be posted on your front door while you are gone.**