TIOGA I.S.D. Field Trip / Event Meal Money Request Form

Field Trip / Event: _____

Group: _____

Location (City / Campus): _____

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Day 1 – Date: _____

Departure Date/Time: _____ Return To School Date/Time: _____

Number of Students _____ Teachers _____Making the Trip on Day 1

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

_____ _____

Requestors Signature **Date**

* Please attach a list of students and staff attending to this form to be turned into the business office after it has been approved and signed by the Administrator. After the Administrator has signed the request, the requestor will take the form and turn it into Sondra Hall to receive funds. If there will be a different number of students and teachers going on different days, please make a separate list for each day and be specific. This must be kept on file with the school for audit purposes. Thank You.

STUDENT Meal Allowance Applies to approved overnight travel only	**EMPLOYEE Meal Per Diem Allowance** Applies to approved overnight travel only
($32.00 per day maximum) $8.00 Breakfast $11.00 Lunch $13.00 Dinner	($63.00 per day maximum) $16.00 Breakfast $19.00 Lunch $28.00 Dinner

This Section to be completed by the Principal/Administrator

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

TOTAL COST OF MEALS FOR TRIP: $ _____

_____ _____

Signature of Principal/Administrator **Date**

FOR MULTI-DAY TRIPS – CONTINUE ON REVERSE SIDE REVISED 11/03/2026

Day 2 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

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Day 3 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

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Day 4 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

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Day 5 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

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Day 6 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____

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Day 7 – Date: _____

Number of Students _____ Teachers _____

TOTAL for Student Meals $ _____ TOTAL for Staff Meals $ _____