

FIELD TRIPS

All information must be filled in completely

1. CE Name:	2. Site Name:	3. CE ID:
4. Destination/City/State:	5. Date of Trip	6. Departure Time:
		7. Return Time:

8. Field Trip Meal Service	
Meal Type (s): _ B _ A _ L _ P _ S _ E	Where were the meals served?
Describe the method used to ensure transported foods were held at proper temperatures:	

9. MENU SERVED ON FIELD TRIP			
Menu I		Menu II	
Milk:	Meat:	Milk:	Meat:
Fruit/Vegetable:	Bread:	Fruit/Vegetable:	Bread:
Fruit/Vegetable:	Other:	Fruit/Vegetable:	Other:

10. FIELD TRIP ATTENDANCE		
Name of Child	Name of Child	Name of Child
1.	10.	19.
2.	11.	20.
3.	12.	21.
4.	13.	22.
5.	14.	23.
6.	15.	24.
7.	16.	25.
8.	17.	26.
9.	18.	27.

11. I certify that to the best of my knowledge the information reported on this form is true and correct. I understand misrepresentation may result in prosecution under applicable state or federal statutes. I certify that all meals were prepared, delivered and served in accordance with state and local health department standards.

SIGNATURE OF EMPLOYEE

DATE OF SIGNATURE