



FIELD TRIP REQUEST

COLLEGE
OF THE
REDWOODS

This form MUST be submitted ONE WEEK in advance of the field trip.

Instructor _____ Cell phone # _____
Class Title _____
Day and time class is regularly scheduled _____

Date(s) of trip _____
Destination _____
Departure & Return time _____
Type of vehicle requested _____ or (students are driving personal cars)
Number of passengers _____ loading where? _____
Additional equipment needed _____

Please notify the Maintenance Department of any changes.

Cost Center Manager: _____ Date: _____
Cost Center Manager Signature: _____
Senior Staff: _____ Date: _____
Senior Staff Signature: _____

Cost to CR: \$

General Ledger Code: