

4C Child and Adult Care Food Program
Field Trip Food Service Documentation

1. Center / Home Name:	2. Teacher:	3. Age group:
4. Destination address:	5. Date of trip:	6. Departure Time:
		7. Return Time:

8. Field Trip Meal Service	
Meal Type(s): <u> B A L P S </u>	Where will the meals be 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.

Signature of Center Representative

Date of Signature

Signature of Sponsor Representative

Date of Signature