



1080 Iris Drive, Suite 101, Conyers, GA 30094

## Child and Adult Care Food Program Field Trip Notification Form

Facility Name \_\_\_\_\_

Agreement Number: \_\_\_\_\_

**THIS FORM IS USED ONLY IF THE FIELD TRIP AFFECTS THE APPROVED MEALTIMES AND LOCATION OF MEAL SERVICE, AND IF THESE MEALS WILL BE CLAIMED.** You must ensure that all meals taken on field trips are maintained at the proper temperature and meet meal pattern guideline requirements. **Georgia Nutritional Services (GNSI)** will review all requests and update with approval. Facilities will be contacted if additional information is needed. The Form must be submitted to GNSI at least five (5) days before the field trip. **Meals served on field trips without submitting notice to GNSI are not eligible for reimbursement.**

Site Name	Field Trip Destination	Field Trip Date(s)	Meal Type Taken on Field Trip to be Claimed (Check the appropriate box) Max Meals (Indicate the estimated Max Meals for the field trip) New Meal Time (Indicate only if meal time will change, Ex: 11:30-1:30)						GNSI Approval Date	
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:			

Facility Contact Signature \_\_\_\_\_

Date \_\_\_\_\_



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Site Name	Field Trip Destination	Field Trip Date(s)	Meal Type Taken on Field Trip to be Claimed (Check the appropriate box) ADA (Indicate the estimated ADA for the field trip) New Meal Time (Indicate only if meal time will change, Ex: 11:30-1:30)						GNSI Approval Date
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		
			<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper	ADA:	<input type="checkbox"/> Snack	ADA:	
			New Meal Time:		New Meal Time:		New Meal Time:		

Facility Contact Signature \_\_\_\_\_

Date \_\_\_\_\_