

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
SCHOOL ACTIVITY NOTIFICATION FORM**

**Prior to completing the SAN Form, click here to view a brief video on Cash Collections.**  
<http://www.browardschoolsbusiness.com/videos/>

**ACTIVITY REQUEST**

DATE

This form must be completed and submitted to the Business Support Center (BSC) a minimum of 30 school days prior to the activity date. If the activity requires district approval, confirmation of the approval must be submitted to the BSC before the request can be processed.

1. Requesting School: \_\_\_\_\_
2. Name of Activity Sponsor or Liaison: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Sponsor/Liaison's email: \_\_\_\_\_

**EMPLOYEE'S EMAIL**

All teachers/staff members listed below will be set up to receive online payment notifications. Email address must be listed exactly as it appears in CAB.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Field Trip: \_\_\_\_\_ Amount: \_\_\_\_\_  
Maximum Participants Limit: \_\_\_\_\_ Date of Field Trip: \_\_\_\_\_

**FIELD TRIPS THAT ARE OUT OF TRI-COUNTY, OVERNIGHT OR WATER-RELATED REQUIRE DISTRICT APPROVAL. CONTACT THE BSC FOR MORE INFORMATION.**

5. Activity/Fundraiser: \_\_\_\_\_ Amount: \_\_\_\_\_  
Activity Date (s): \_\_\_\_\_ Advertise Online:  Yes  No

Minutes must be turned in to the BSS for every fundraiser. Financial Reports/Statement of Revenue and Expenditures must be completed by the sponsor and submitted to the BSC ten days upon conclusion of the fundraiser.

Requested Collection Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Additional notes / instructions:

Briefly list information to be viewed by parents when making online payments (ex. Please bring bag lunch; Cash collection Wednesday only). Max 100 characters:

**PRINCIPAL APPROVAL**

As school principal I have reviewed and approve of the activity request noted on this form. The activity requested is a school sponsored activity. I am aware that the Business Support Center will receive this request and process it in accordance with School Board Policies and Procedures.

**BUSINESS SUPPORT CENTER USE ONLY**

Great Plains Account # \_\_\_\_\_ Account Name \_\_\_\_\_

## FIELD TRIP COST CALCULATION SHEET

**Always underestimate the number of students participating. Total # eligible students \_\_\_\_\_**

### ADMISSION FEES:

Admission per student \_\_\_\_\_ x # of students \_\_\_\_\_

Total Student Admission Fee \$ \_\_\_\_\_

Admission per adult \_\_\_\_\_ x # of adults \_\_\_\_\_

Total Chaperone Admission Fee \$ \_\_\_\_\_

**TOTAL ADMISSION FEES:** \$ \_\_\_\_\_

### TRANSPORTATION FEES:

#### OPTION 1 (SEAS=\$94/bus)

_____	Fee _____	Quantity _____	_____
_____	Fee _____	Quantity _____	_____
_____	Fee _____	Quantity _____	_____

Toll Fee: \_\_\_\_\_

**TOTAL OPTION 1:** \$ \_\_\_\_\_

**OR**

#### OPTION 2 (SBBC=\$47/hour)

Cost per hour \_\_\_\_\_ x # of hours \_\_\_\_\_ x # of buses \_\_\_\_\_

**TOTAL OPTION 2:** \$ \_\_\_\_\_

### MISC FEES:

Reason for Fee: _____	Cost \$ _____
Reason for Fee: _____	Cost \$ _____
Reason for Fee: _____	Cost \$ _____
Misc/Other: _____	Cost \$ _____

Cost per student \$ \_\_\_\_\_

**TOTAL MISC. FEES** \$ \_\_\_\_\_

**ADD'L FUNDS**  
\_\_\_\_\_

Total of Admission Fees: \$ \_\_\_\_\_

Total of Transportation Fees: \$ \_\_\_\_\_

Total of Misc. Fees: \$ \_\_\_\_\_

Total Cost of Field Trip \$ \_\_\_\_\_

Individual Student Cost: \$ \_\_\_\_\_