

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: \$ _____