

**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 INFORMATION**

DATE \_\_\_\_\_

This form must be completed and submitted to the Business Support Center (BSC) at least **two weeks** prior to the start of an activity OR a minimum of 30 school days prior to the field trip date (60 school days for trips requiring district approval). If the BSC has questions/concerns about the activity, they will contact the submitting location upon receipt of this form.

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

***TEACHER'S EMAIL***


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

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

5. Type of Fundraiser Activity: \_\_\_\_\_ Amount: \_\_\_\_\_
- Date of Activity: \_\_\_\_\_
- Advertise Online?            Yes            No

Financial Reports and Inventory Forms for fundraisers/sales can be found in Standard Practice Bulletin I-402(C). Financial Reports, Inventory Forms and Club Meeting minutes must be ponied to the Business Support Center.

Give a brief description of the field trip/activity. Information provided will be used for online setup. Max 100 characters. (ex: Please bring a bag lunch. Cash collection Wednesday only.)

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

***PRINCIPAL APPROVAL***

As school principal I have reviewed and approve of the activity noted on this form. I agree that this fundraiser or payment is for a school sponsored activity and will be processed in accordance with School Board Policies and Procedures.

I am aware that the Business Support Center will receive this information and handle all internal account transactions associated with this activity.

***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:	\$ _____