



**REQUEST FOR FIELD TRIP/OFF SITE ACTIVITY**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS  
SFN 52904 (5/18)

Sponsor Name:	Site Name:	Sponsor Number:
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Only approved meals served at approved sites may be claimed for reimbursement. However, meals served in conjunction with off-site activities may be claimed if approved by the state office, in advance.

Requests must be submitted prior to the activity occurring.

Date of Activity: _____	Location of Activity: _____	
Meal(s) to be eaten off-site: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack		
Menu(s) to be served. List all food components and amounts to be served:		
Component	Food Item Served	Amount Served
<input type="checkbox"/> Milk		
<input type="checkbox"/> Meat/Meat Alternate		
<input type="checkbox"/> Grain/Bread		
<input type="checkbox"/> Fruit/Vegetable		
<input type="checkbox"/> Fruit/Vegetable		

I do hereby assure that:

1. Only eligible children will be served:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. All meals will meet meal pattern/meal service requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. All meals will be properly supervised	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Sponsoring Program _____	Phone Number _____	Fax Number _____	Signature of Sponsor Representative
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**For State Agency Use:**

Date received in state office	Approving Official (state agency)
Date Sponsor notified	Method of notification <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax

Return completed form to the state agency by:

Fax: 701-328-9566  
E-mail: [mdanderson@nd.gov](mailto:mdanderson@nd.gov)  
Mail: Department of Public Instruction  
Child Nutrition and Food Distribution Programs  
600 East Boulevard Avenue  
Bismarck, ND 58505-0440

This institution is an equal opportunity provider.