



BRIGHT FROM THE START

Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 754, East Tower, Atlanta, Georgia 30334

SFSP Field Trip & Closure Notification Form

Organization Name Georgia Nutritional Services, Inc.

Agreement Number 04661-A

ONLY COMPLETE THE FIELD TRIP SECTION IF THE FIELD TRIP AFFECTS THE APPROVED MEAL TIMES AND LOCATION OF MEAL SERVICE AND IF THESE MEALS WILL BE CLAIMED FOR REIMBURSEMENT. You must ensure that all meals taken on field trips are maintained at the proper temperature. **For open sites, trained personnel must remain on site to serve children not attending field trips.** DECAL will review all requests and update the electronic application with approval. Sponsors will be contacted if additional information is needed. This form must be emailed or faxed to your Business Operations Specialist and uploaded in the *Attachment List* section of your current application in GA ATLAS at least three (3) calendar days **before** the field trip and/or closure date. **Meals served on field trips without submitting notice to DECAL are not eligible for reimbursement.**

Site Name <input type="checkbox"/> Check box if all site(s) are closed.	Dates Site(s) Closed Ex. 3/30/21 to 4/3/21	Field Trip or Reason Closed Ex. Holiday	Field Trip Destination	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)						DECAL Approval Date
				<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	ADA:	<input type="checkbox"/> Snack	ADA:	
						<input type="checkbox"/> Supper				
				New Meal Time:		New Meal Time:		New Meal Time:		
				<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	ADA:	<input type="checkbox"/> Snack	ADA:	
						<input type="checkbox"/> Supper				
				New Meal Time:		New Meal Time:		New Meal Time:		
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						<input type="checkbox"/> Supper				
				New Meal Time:		New Meal Time:		New Meal Time:		
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						<input type="checkbox"/> Supper				
				New Meal Time:		New Meal Time:		New Meal Time:		
				<input type="checkbox"/> Breakfast	ADA:	<input type="checkbox"/> Lunch	ADA:	<input type="checkbox"/> Snack	ADA:	
						<input type="checkbox"/> Supper				
				New Meal Time:		New Meal Time:		New Meal Time:		

Program Contact Signature _____

Date _____

SFSP Field Trip & Closure Notification Form (cont'd)

Organization Name _____

Agreement Number _____

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