STLAVELLE LITTO NEGUEST FULL	Gravette	Trip	Rea	uest	Form
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Date:								
Group takin	oup taking trip:Approximate # of Students:							
Sponsor in c	charge of group	groupChaperones:						
Destination	of trip:Dates of trip:							
Brief purpos	se of trip:							
Estimated time of departure from school:Estimated return to school:								
Method of ta	ransportation:_			_				
Activity:	Academic	Reward	Athleti	c	Club	Competition		
Sponsor's E	xpenses	Amount		Sour	ce of Funds			
Hotel	·							
Travel								
Meals		\$						
Registration		\$				_		
Ticket		ሰ				_		
Student's Ex	kpenses				s from Student	Funds from Activity Acct		
Hotel	•	\$						
Travel		\$		\$		\$		
Meals		\$		\$		\$		
Registration		φ.		\$		\$		
Ticket		\$		\$		\$		
Bus Costs: Calc	culated from time of	departure to time o	f return. Ove	rnight T	rips=\$6.55/hr Day	Trip=\$8.50/hr Fuel Cost: \$1.50/mile		
Bus Driver's	s Expenses	Amount		Fund	s From District	Funds from Activity Acct		
Hotel		\$		\$		\$		
Meals		\$		\$		\$		
Ticket		\$				\$		
Wages (	hrs)	\$		\$		\$		
Fuel (	_ miles)	\$		\$		<b>\$</b>		
Total Cost to: District \$								
Note: Any fundraising for trips costing more than \$100 per students must be approved by the school board prior to beginning the fundraiser.								
Approval of Principal:Date:								
Approval of	Transportation	Supervisor:				_Date:		
Approval of Superintendent (overnight trips only):Date:								
For trips costing more than \$100 per student, this form must be pre-approved by the School Board.								
Approval of School Board: Date: Please attach a list of students and current contact information for each student.								