

## Out-of-State Trips for Student Activities

AR7185

School _____ Organization _____ Sponsors _____									
Trip Dates _____ Destination _____ # of School Days Missed _____									
Purpose of the Trip & Benefit to the Students & Program _____									
How were you selected, or did you qualify? _____									
# of Students attending? _____ Approximate cost per student _____									
List all planned activities during the trip _____									
How will trip be funded for students?									
	Proj #	Percent	Amount	How will trip be funded for sponsors?					
General Fund		%	\$	General Fund		%	\$		
Activity Fund		%	\$	Activity Fund		%	\$		
Other		%	\$	Other		%	\$		
	Total	%	\$		Total	%	\$		
<b>Estimated Total Expenses (any expenses not requested on this form will be disallowed):</b>				<b>Estimated Total Expenses (any expenses not requested on this form will be disallowed):</b>					
		Individual Cost	Qty	Total Cost			Individual Cost	Qty	Total Cost
Registration Fees	x		=	\$	Registration Fees	x		=	\$
Lodging	x		=	\$	Lodging	x		=	\$
Incidentals <sup>1</sup>	x		=	\$	Incidentals <sup>1</sup>	x		=	\$
Transportation <sup>2</sup>	x		=	\$	Transportation <sup>2</sup>	x		=	\$
Per Diem	X		=	\$	Per Diem	X		=	\$
<sup>1</sup> parking, tolls, shuttles					<sup>1</sup> parking, tolls, shuttles				
<sup>2</sup> airfare, personal car, school vehicle, rental vehicle					<sup>2</sup> airfare, personal car, school vehicle, rental vehicle				
Note: No payment will be made for unauthorized expenses.					Note: No payment will be made for unauthorized expenses.				
Teacher/Sponsor(s) attending (list names) _____									
Other Chaperones attending (list names) _____									
Sponsor/Chaperone to student ratio _____									
<b>Note: At least two (2) weeks prior to the trip, the sponsor/site principal must provide written verification that the chaperone/sponsor orientation has been conducted. Such verification must be submitted to the Director of Elementary/Secondary Education or to the District Athletic Director (if the trip is for an athletic event).</b>									
List out-state trips the organization has taken the past 3 years _____									
List anticipated trips planned for the upcoming 3 years _____									
Signatures:									
				Date					Date
Sponsor				Date	Purchasing Agent (if applicable)				Date
Athletic Facilitator (if applicable)				Date	Superintendent				Date
Principal				Date	Board of Education				Date
Athletic Dir or Exec Dir Elem/Sec				Date					Date