



REQUEST FOR OVERNIGHT OR OUT-OF-PROVINCE TRIPS

Date of Request:		School:	
Purpose of Trip:			
Number of Students:		Grade/Class:	
Destination: (please be specific)			
Departure:		Return:	
Date _____ Time: _____		Date: _____ Time: _____	
Supervising Teachers:			
_____		_____	
_____		_____	
Other Supervisors/Coaches:			
_____		_____	
_____		_____	
Type of Transportation:		Lodging Arrangements:	
<input type="checkbox"/> Division Vehicles (attach requisition) <input type="checkbox"/> Private Vehicles (attached Use of Non-Division Owned Vehicle Form) <input type="checkbox"/> Public Transportation (please specify) _____		_____ _____ _____ _____	
Financial Arrangements:			
Expenses:		Income:	
Transportation	\$ _____	School Budget	\$ _____
Lodging	\$ _____	Student Fees	\$ _____
Meals	\$ _____	Fundraising _____	\$ _____
Supervisory Costs	\$ _____	Special Grants _____	\$ _____
Miscellaneous	\$ _____	Other _____	\$ _____
Total Expenses	\$ _____	Total Income	\$ _____
Total Income	\$ _____	Requested by _____	
Total Expenses	\$ _____	With the approval and support of the principal:	

Balance	\$	
---------	----	--

Principal Comments:

Superintendent's Recommendation:

- Approved
- Not Approved

Comments:

Signature of Superintendent _____ Date _____

Board Approval:

- Yes
- No
- Yes (with the following conditions):

Conditions:

Motion # _____ Date: _____

