**[SCHOOL NAME HERE] SCHOOL**

**TRAVEL PLANNING FORM**

|  |  |
| --- | --- |
| DATES OF TRIP: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ASB CLUB NAME: |  | ACCOUNT NUMBER: |  |

|  |  |
| --- | --- |
| ADVISORS NAME: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FUND BALANCE **ATTACH REPORTS**  | FUND BALANCE: |  |  | AVAILABLE BUDGET: |  |

|  |  |
| --- | --- |
| ESTIMATED TOTAL TRIP EXPENDITURES: |  |

EXPLAINATION OF HOW TRIP WILL BE PAID AND FUNDS RAISED ALONG WITH A TIME LINE FOR EXPENSES (ie. STUDENT PAY, FUNDRAISER, PTA)

Attached additional sheets if needed

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**APPROVAL**

|  |  |
| --- | --- |
|  |  |
| ASB STUDENT OFFICER  | DATE |
|  |  |
| ATHLETIC/ACTIVITIES DIRECTOR | DATE |
|  |  |
| ASB CENTRAL TREASURER | DATE |

**ALL TRIPS MUST BE REGISTERED WITH THE BUILDING PRINCIPAL OR DESIGNEE FIVE (5) WEEKS BEFORE BEGINNING THE TRIP**