



Billable to: <input type="checkbox"/> Students <input type="checkbox"/> PTO <input type="checkbox"/> Club <input type="checkbox"/> Other (Explain) _____	<b>OR</b>	Cost covered by: <input type="checkbox"/> District Activity Fee <input type="checkbox"/> Athletic Department <input type="checkbox"/> Special Education Dept. <input type="checkbox"/> Other (Explain) _____	Activity provided or paid by: <input type="checkbox"/> District Activity Fee <input type="checkbox"/> Athletic Department <input type="checkbox"/> Special Education Dept <input type="checkbox"/> PTO <input type="checkbox"/> Students <input type="checkbox"/> Other (Explain) _____
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Total cost to pupil for transportation: \_\_\_\_\_ Total cost to the district for transportation: \_\_\_\_\_

Total cost to pupil for Activity: \_\_\_\_\_ Total cost to the district for Activity: \_\_\_\_\_

If no cost to the pupil or district-state reason: \_\_\_\_\_

Is a nurse or aide required to attend the trip? \_\_\_\_yes \_\_\_\_no

Fundraising Campaign: \_\_\_\_yes \_\_\_\_no

Items to be sold: \_\_\_\_\_ Cost: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature of Approval Date

\_\_\_\_\_  
Transportation Confirmation/Approval Date

\_\_\_\_\_  
Director of Pupil Services/Supervisor of Spec. Ed  
Signature of Approval Date

\_\_\_\_\_  
Assistant Superintendent's Signature of Approval Date

\_\_\_\_\_  
Superintendent's Signature of Approval Date