TRIP PROPOSAL

Trip Proposal For: ____________________________  ____________________________
Program Facility

Responsible Staff Person: ____________________________________________________

Destination: ____________________________  Emergency Phone No.: ______________

Date/Time of Departure: ___________  Date/Time of Return: ______________

Goals & Objectives of Trip:

________________________________________________________________________

Proposed Schedule of Events:

________________________________________________________________________

NUMBER OF PARTICIPANTS/ESTIMATED COSTS:

Transportation:

# of Clients: ______  Cost/Client: ______  Total Cost: ______

# of Staff: ______  Cost/Staff: ______  Total Cost: ______

Admission Fee:

# of Clients: ______  Cost/Client: ______  Total Cost: ______

# of Staff: ______  Cost/Staff: ______  Total Cost: ______

Total Funds Requested: ______

Type of Transportation to be Used: ____________________________

If Agency Vehicle(s), Provide Estimated Mileage: ______________

Indicate Number & Type of Vehicle(s) to be Used: ____________________________

Additional Comments: ____________________________________________

________________________________________________________________________

LIST NAMES OF CLIENTS AND STAFF PARTICIPATING ON REVERSE SIDE.

Approved By: ____________________________________________

Program Director or Designee  Date

________________________________________

Administrator  Date

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