



**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