



Valley Regional Occupational Program

Field Trip Request Form

INSTRUCTIONS:

1. This form must be completed by you and approved by the Superintendent prior to arrangements.
2. Write a statement in the box below of how this field trip will be applied to your curriculum.
3. Attach a copy of the program or brochure.

Date: _____

Name: _____

Conference Title: _____

Departure Date: _____

Return Date: _____

School: _____

Location: _____

Departure Time: _____

Return Time: _____

EXPENDITURE DETAIL

ESTIMATE

ACTUAL

Registration (Please attach copy of conference brochure/program Registration form)		\$ _____	\$ _____
Substitute Cost	_____ x \$ _____	= \$ _____	\$ _____
	# of Days Rate		
Transportation	_____ x _____	= \$ _____	\$ _____
	(IRS Rate) # of Miles		
	District: _____	= \$ _____	\$ _____
	Charter: _____		
Lodging	_____ x \$ _____	= \$ _____	\$ _____
	# of Days Rate		
Parking	_____ x \$ _____	= \$ _____	\$ _____
Meal Reimbursement* (Teachers Only)	_____ x \$ 18.00	= \$ _____	\$ _____
	# of Breakfast		
	_____ x \$ 20.00	= \$ _____	\$ _____
	# of Lunches		
	_____ x \$ 36.00	= \$ _____	\$ _____
	# of Dinners		
Other	_____	= \$ _____	\$ _____
Estimated Total Cost		= \$ _____	\$ _____

*Maximum amount Valley ROP pays = \$18.00-Breakfast; \$20.00-Lunch; \$36.00-Dinner; \$74.00 max day

Business Office Use Only

_____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Superintendent: _____ **Date:** _____

_____ **Approved** _____ **Denied** **Date Received in Valley ROP Office** _____