Cecil County School of Technology

CCST TRIP INFORMATION/EXPENSE REPORT

This form is to be filed with the Assistant Principal 2 days prior to departure of trip. Expense information 2 thru 5 to be completed upon return; #1 prior to trip.

Trip Date: _____ Teacher: _____

Class: _____

Depart from: _____ Date: _____ Time: _____

Destination: _____

Return to: _____ Date:_____Time: _____

If overnight trip, phone number where teacher can be reached in the event of an emergency:

_____

Expenses:
1. Total cost per student _____
2. Transportation _____
3. Lodging _____
4. Meals _____ (If not included with lodging)
5. Other _____ (list)

_____

(Please attach receipts for all expenses)

Student	Deposit	Payment 1	Payment 2	Payment 3	Total

2006