Gallup High School Trip Request Form

Submit to AD

(Must be submitted 15 days before requested trip)

| Trip Destination | : | |
|-------------------------------|----------------------------|-----------------------------|
| Organization (ba | nd, football, etc.): | |
| Trip (circle one): | One Way | Two Way |
| Funding Source: | | |
| GMCS Operation | al/Gate Funds Line item: _ | |
| Activities Accoun | nt PO# (See Marlene): RPO | # |
| | | |
| Trip Departure Date: | | Trip Return Date: |
| Trip Departure Time: | | Trip Return Time: |
| Transportation 1 | Type (circle one): | |
| | Activity Bus | Car |
| | SUV | School Bus |
| | Truck | Wheelchair Equipped Vehicle |
| Contact Person: | | |
| Name: Email: | | |
| Phone: | | |
| Number of students traveling: | | Number of adults traveling: |
| Principle Approval: | | Date: |