

**EDUCATION FOR EMPLOYMENT
STUDENT FIELD TRIP & CTSO FUNDING REQUEST**

SCHOOL YEAR:
2017-2018

INSTRUCTOR NAME:	PROGRAM TITLE:	NUMBER OF SECTIONS:
SCHOOL:	PHONE NUMBER:	FAX:

HOW TO COMPLETE THIS FORM - Instructors, please estimate the expenses you will need for the entire school year to support your **student field trips and/or your student organization activities**. Please break out the costs by category (transportation, registration fees, dues, etc.) Keep a copy for your records and return a copy to your EFE Program Administrator by: **FEBRUARY 1, 2017**

MO. WHEN EXPENSES WILL OCCUR	# OF STUDENTS IMPACTED	FIELD TRIP OR CTSO EVENT	DESCRIPTION: (bus transportation, meals, registration, dues, etc.)	COST
GRAND TOTAL:				

APPROVALS:

		EFE PROGRAM ADMINISTRATOR'S SIGNATURE:	DATE:
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