SCHOOL YEAR: **EDUCATION FOR EMPLOYMENT** 2019-2020 STUDENT FIELD TRIP & CTSO FUNDING REQUEST INSTRUCTOR NAME: NUMBER OF SECTIONS: PHONE NUMBER: FAX: SCHOOL: 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, 2019** # OF MO. WHEN FIELD TRIP OR CTSO **DESCRIPTION:** (bus transportation, meals, COST **EXPENSES** STUDENTS **EVENT** registration, dues, etc.) WILL OCCUR **IMPACTED**

APPROVALS:

| EFE PROGRAM ADMINISTRATOR'S SIGNATURE: | DATE: |