

Troop Trip Budget

For extended trips of three or more nights, please complete the itinerary and preliminary budget.

Troop #:	Adult-in-Charge:			
Destination Place:			Dates://to	_/_/_
Expenses		Per Person	Total Troop	
Food		\$	\$	
Transportation		\$	\$	
Lodging		\$	\$	
Additional Insu	rance (Plan 3P or 3PI)	\$	\$	
Fee for side trip	s/entrance fees	\$	\$	
Emergency mo	ney (10% of total)	\$	\$	
Other (explain)		\$	\$	
Total estimated expenses \$			\$	
Funding				
Product sales			\$	
Money-earning activities			\$	
Amount to be paid by each participant		\$	\$	
Other income (explain)		\$	
Total actimated income \$			ė	

For extended troop trip approval, mail one copy of *Budget* and *Itinerary* with *Troop Trip Application* and *Emergency Contact Roster* to: Girl Scouts of Wisconsin Southeast, Milwaukee Service Center, P.O. Box 14999, Milwaukee, WI, 53214-0999, fax application to 262-544-8770, or drop it off at your local Girl Scout service center.



Troop Trip Itinerary

For extended trips of three or more nights, please complete the itinerary and preliminary budget.

Troop #:	_Adult-in-Charge:	
Destination Place:		Dates: / / to / /

Include the following:

- places you will be staying, including contact information
- day-to-day itinerary including times and locations
- route of ground travel or airplane travel information

Day/Date	Destination Sites	Day/Date	Destination Sites
Day1		Day 6	
Day 2		Day 7	
Day 3		Day 8	
Day 4		Day 9	
Day 5		Day 10	

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