



ATHLETICS/ACTIVITIES OFFICE • 2000 CASPER ST • CASPER, WY 82604 • 307.253-4318 • FAX 307.253-4320

ACADEMIC COMPETITION FINANCIAL ASSISTANCE REQUEST

School _____ Date of Request _____

Activity _____ Destination _____

Departure Date & Time _____ Return Date & Time _____

Sponsor(s) Name (No. of Sponsors: _____)

Substitute(s) for Sponsor(s)

_____	_____	Days x \$85.00 = \$ _____
_____	_____	Days x \$85.00 = \$ _____
_____	_____	Days x \$85.00 = \$ _____
_____	_____	Days x \$85.00 = \$ _____

No. of Students _____ and Student(s) Name: (Attach separate sheet if needed)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESTIMATED EXPENSES

Registration Fees: _____ = \$ _____	Airfare & Baggage Fees	\$ _____
Lodging _____ days x \$ _____ = \$ _____	Vehicle Rentals	\$ _____
	Parking Fees	\$ _____
	Mileage @ \$0._____ x _____ mi =	\$ _____
	District School Bus <input type="checkbox"/>	

Number of Travel Vouchers Needed _____
Name of Staff _____

Cash Needed \$ _____ (REQUISITION ATTACHED)

TOTAL COST OF ACTIVITY \$ _____

Approved by _____ and _____
Principal's Signature (indicates eligibility of students) Superintendent/Designee Signature Date

DISTRICT BUDGET # _____ SCHOOL BUDGET # _____

The Superintendent/Designee will review each request for cost effectiveness and compliance with Board Policy