



Travel Planning Form

Complete this form with your Travel Coordinator.

This form must be submitted and completed at least 2 weeks prior to church reimbursable travel,
6 weeks in advance for trips requiring fundraising or airfare.

All travel arrangements must be coordinated through the office manager.

All funds must be controlled by the financial secretary with an approved on-trip coordinator.

Date Submitted: _____ Purchase Order Number: _____

Ministry Staff Representative: _____

Team Manager: _____

Team Ministry Coach: _____

Travel Coordinator (assigned by office manager): _____

On-Trip Financial Coordinator: _____

Purpose of Trip: _____

Date(s) of Trip: _____

Peach "Request to Schedule" form completed and calendar dates approved. Confirmed completed: _____

Destination(s): _____

Provide proper address(es) for all destinations to allow for planning for lodging and emergency contact information.

Participants

Number of Sponsors: _____ Number of Participants: _____ Total Attending: _____

Maximum number of participants allowed: _____

Sponsors: _____

Participants: _____

Describe how one qualifies to participate in trip: _____

Funding

- budgeted \$ _____; describe _____
- fee: per sponsor \$ _____; per participant \$ _____; describe _____
- cash account balance \$ _____; describe _____
- other _____
- fundraiser \$ _____ (must be approved by Elders, all funds must be received within two weeks of trip). Describe: _____

Total Estimated Funding \$

Transportation

To Destination

- bus or van rental _____ \$ _____
- car rental _____ \$ _____
- personal vehicles *with* mileage reimbursal _____ \$ _____
- personal vehicle *without* mileage reimbursal _____ \$ _____
- trailer _____ \$ _____
- fuel _____ \$ _____
- air travel _____ \$ _____

special needs/requests _____

departure ____:____am/pm date ____/____/____ day of week _____

alternate departure ____:____am/pm date ____/____/____ day of week _____

arrival ____:____am/pm date ____/____/____ day of week _____

alternate arrival ____:____am/pm date ____/____/____ day of week _____

return departure ____:____am/pm date ____/____/____ day of week _____

alternate return departure ____:____am/pm date ____/____/____ day of week _____

return arrival ____:____am/pm date ____/____/____ day of week _____

alternate return arrival ____:____am/pm date ____/____/____ day of week _____

- transport to/from airport _____ \$ _____

- other _____ \$ _____

At Destination

- bus or van rental _____ \$ _____
- car rental _____ \$ _____
- personal vehicles *with* mileage reimbursal _____ \$ _____
- personal vehicles *without* mileage reimbursal _____ \$ _____
- trailer _____ \$ _____
- fuel _____ \$ _____
- other _____ \$ _____

Total Transportation Estimated Cost \$

Drivers

List all designated drivers and provide copy of valid driver's license with travel coordinator at least one week prior to departure. Drivers must be 25 years of age. _____

Lodging

does not require overnight accommodations

requires overnight accommodations

hotel/motel _____

lodging provided at no charge, describe _____ \$ _____

camping/RV _____ \$ _____

individual homes _____ \$ _____

other _____ \$ _____

requires multiple locations

Please list date and night of week for each lodging need and describe.

Night	location	length of stay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

location must be within _____ miles of destination.

preference for lodging _____

Describe the breakdown for lodging (sponsor/participant ratio, number per room; female/male ratio) _____

Total Lodging Estimated Cost \$

Food

- will purchase food to prepare at final destination _____ \$ _____
- meals will be provided for a fee. Describe fee (not included in worksheet below) _____ \$ _____

- meals will be purchased at restaurants

	<i>no charge</i>	<i>prepared on site</i>	<i>restaurant</i>	<i>cost x participants</i>
breakfast	___ x \$0	___ x \$__ = ___	___ x \$__ = ___	\$___ x ___ = \$ _____
lunch	___ x \$0	___ x \$__ = ___	___ x \$__ = ___	\$___ x ___ = \$ _____
dinner	___ x \$0	___ x \$__ = ___	___ x \$__ = ___	\$___ x ___ = \$ _____
snack	___ x \$0	___ x \$__ = ___	___ x \$__ = ___	\$___ x ___ = \$ _____

estimate options: prepared on site \$3 per meal, at restaurant: breakfast \$5, lunch \$6, dinner \$9

Total Food Estimated Cost \$

Activities

List all extra curricular activities: (water park, amusement park....) and associated fees.

Destination _____
 entrance fee _____ x _____ # participants total _____ \$ _____

Destination _____
 entrance fee _____ x _____ # participants total _____ \$ _____

Destination _____
 entrance fee _____ x _____ # participants total _____ \$ _____

Destination _____
 entrance fee _____ x _____ # participants total _____ \$ _____

Other (gas, rental, mileage...) _____ \$ _____

Total Activities Estimated Cost \$

Other

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Other Estimated Cost \$

ESTIMATED TRIP COST \$

Comments: _____
