
VENDOR LISTING

Location/Vendor	Adm Chg Student	Adm Chg Chaperone	Type of Payment P.O./Check
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

RECEIPTS (regarding trip)

Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____

SCHOLARSHIPS

Student Name	Amount Funded
_____	\$ _____
_____	\$ _____
_____	\$ _____

FUND RAISERS

<u>Fund Raiser</u>	<u>Donations</u>
Amount Raised for Trip \$ _____	Total Amount Donated \$ _____
Attach copies of fund raiser forms for this trip	Attach copies of donations for this trip
