Gallup High School
Trip Request Form

Submit to AD
(Must be submitted 15 days before requested trip)

Trip Destination: _____

Organization (band, football, etc.): _____

Trip (circle one): **One Way** **Two Way**

Funding Source:

GMCS Operational/Gate Funds Line item: _____._____._____.____._____._____

Activities Account PO# (See Marlene): RPO#_____

Trip Departure Date: _____ **Trip Return Date:** _____

Trip Departure Time: _____ **Trip Return Time:** _____

Transportation Type (circle one)**:**

Activity Bus **Car**

SUV **School Bus**

Truck **Wheelchair Equipped Vehicle**

Contact Person:

Name:_____ **Email:** _____

Phone: _____

Number of students traveling: _____ **Number of adults traveling:** _____

Principle Approval:_____ **Date:** _____