

# Extended Trip Application- Part 3

(Level 4 or 5 After Trip Report)

## Troop Information

Adult in Charge			
Address		Phone	Home
City	Zip		Work
Email			Cell
Troop #		Service Unit Name	
Grade Level	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A	Total # Girls	Total # Adults

## Activity Information

Start Date	Start Time	End Date	End Time
Trip Destination			
Was the original itinerary followed? If not, state changes made and reasons.			
What were the highlights of the trip?			
Was there any accident or illness requiring more than simple first aid? If so, please describe and note when GSOH was notified.			
Would your troop be willing to talk to other troops/groups about their trip? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where will you be traveling to next?			

## Planning Information

How long did the troop take to plan this trip?
How and why was this location chosen?
How were financial goals met?

Trip Budget - Income		BUDGETED
Troop Treasury ( <i>money on hand</i> )		\$
Troop Money Earning Projects ( <i>list</i> )		\$
		\$
		\$
Parent/Guardian Contributions		\$
Other ( <i>grants, donations, etc.</i> )		\$
TOTAL INCOME		\$

Trip Budget - Expenses		BUDGETED	ACTUAL
Transportation	Plane Airfare	\$	\$
	Charter Bus ( <i>include tips</i> )	\$	\$
	Train/Subway	\$	\$
	Car ( <i>include rental fee, mileage, and gas</i> )	\$	\$
Lodging ( <i>include overnight stops while traveling</i> )		\$	\$
Food ( <i>include all meals and snacks</i> )		\$	\$
Health/First Aid		\$	\$
Entertainment		\$	\$
Equipment/Supplies		\$	\$
Insurance		\$	\$
Emergency Fund		\$	\$
Other ( <i>list</i> )		\$	\$
Other ( <i>list</i> )		\$	\$
Other ( <i>list</i> )		\$	\$
TOTAL EXPENSES		\$	\$

Keep one copy for your records and send one copy to the GSOH travel team at [travel@gsoh.org](mailto:travel@gsoh.org) **within four weeks after the trip.**

Don't forget to include some photos of your trip!