# 2018-2019
# MINOOKA SCHOOL DISTRICT #201
## EXTRA CURRICULAR TRIP CASH ADVANCE REPORT
*(REPORT MUST BE SUBMITTED WITHIN ONE WEEK OF RETURN)*

SPORT: _____

TEAM/LEVEL: _____ # OF STUDENTS: _____

NAME OF HEAD COACH: _____ # OF COACHES: _____

PURPOSE OF TRIP: _____ # OF BUS DRIVERS: _____

LOCATION: _____

DATE(S) OF TRIP: _____

**EXPLANATION OF EXPENSES:**
****RECEIPTS MUST BE ATTACHED****

| DATE | NAME OF RESTAURANT | AMOUNT |
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| | **AMOUNT OF ADVANCE:** | |
| | ***TOTAL OF ALL RECEIPTS:** ***(Must equal the amount of advance)*** | |
| | ***AMOUNT RETURNED TO ATHLETIC DIRECTOR:** | |

Coach's Signature / Date _____

Athletic Director's Signature /Date _____

Rev0718