

TRAIL LIFE TROOP 7777

POST TRIP LOG/AUTHORIZATION TO PAY



Activity # Assigned:

7 _____

1) Activity Leader to complete this form at conclusion of a trip

2) Please submit a copy of this Log to the UNIT LEADER and TROOP FINANCE DEPT to authorize distribution of fuel offset payments

Your Name: _____

Your Phone: _____

Your e-mail: _____

Activity Title: _____

Activity Date: _____

Unit: _____

#1: Fuel Calculation

Finance will Reimburse fuel up to pre-determined amount using this list of Authorized Drivers, R/I mileage, and # of Seat Belts made available

Troop Treasury will cover the full cost of fuel for vehicle(s) authorized to pull trailer(s)

	Driver Name	Total # of Seat Belts Made Available	Notes: please indicate trailer pulling vehicle(s)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total Seat Belts available =			

#2: Post Activity Log

1. Incidents (please circle one): YES or NONE

2. Equipment/Gear Items of Note or Repair: YES or NONE

3. Campground/Facilities/Contacts/Activity Notes for Future Reference:

Leader Signature Submitting: _____

Date: _____