

METRO SUPPORT SERVICES, INC.
**ESTIMATE OF VACATION/TRIP EXPENDITURES
 & PURCHASE REQUISITION**



Name of Individual: _____ Today's Date: _____

| Expenditure | Estimate | Divided by # of People | Individual's Portion |
|---------------|----------|------------------------|----------------------|
| Gas | | | |
| Ticket | | | |
| Lodging | | | |
| Lodging | | | |
| Lodging | | | |
| Lodging | | | |
| Food/Snacks | | | |
| Souvenirs | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| Miscellaneous | | | |
| Total | | | |

Amount of funds requested \$ _____ Date funds needed by: _____

Signature of Individual Receiving Services: _____

Provider's Signature: _____

IDT Approval? Yes No Date _____

Program Coordinator Signature: _____ Date _____

Copy of Issued Check Here