



METS TRIP REQUEST FORM

Requester	
Supervisor	
Trip Date(s)	
Type of Trip	
Number of Participants	
Chaperones (Name)	

Purpose of Trip	
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TS Objective(s) Met	
TS Required/Permissible Services Met (Write Out)	

Budget Information	
Meals (amount)	
Transportation (type)	
Activities (specify)	
Other	
Total	

Not Approved

Approved

Approved with revisions

METS Director Signature

Date

Completed	Step	Due Date
	Finalized Trip Date Sent to Helena Office	
	Participant List Sent to Helena Office	
	Transportation Request Sent to Helena Office	
	Meal Request Sent to Helena Office	
	Signed Program Application and Entered into Blumen	

Allowable per Title 34, CFR 643.30