GRAND STRAND
MIRACLE LEAGUES

School Day Program Fund Request Form

Please complete this form to request transportation funds for Grand Strand Miracle Leagues' School Day Jamboree events.

Today's Date _____

Field Trip Date(s) _____

School Name _____

Teacher(s) Name _____

Class Size (Number of Students)_____

Phone Number _____

Email _____

Name to Mail Check To _____

School Address _____

City, State, Zip Code _____

Checks are mailed from Bill.com to the attention of the name listed above.

Round Trip Distance from School to field trip location: _____ miles

Cost per mile $_____ x _____ # of Miles (County School Rate) =_____

Bus driver cost $_____ x _____ # of Hours =_____

Total Amount Requested $_____

If you have any questions, contact 843-448-7712. Please email your completed form to Programs@GSMiracleLeagues.com.

For GSML Staff:

Approved by_____ Amount Approved $_____ Date _____