# DETAILED OVERNIGHT TRIP BUDGET

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Make a very complete budget early on so that realistic fund raising efforts can be undertaken without disappointment at the end.

S.M.A.R.T – S: Specific

M: Measurable

A: Attainable/Appropriate

R: Realistic/Relevant

T: Time Frame

## EXPENSES

|  |  |
| --- | --- |
| How many people are going? |  |

Transportation:

Primary:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Car | Mileage x .52 |  | Flat Fee: |  |
| Air | $$ per person= |  | X # People= |  |
| Train | $$ per person= |  | X # People= |  |
| Bus | $$ per person= |  | X # People= |  |

On Trip:

|  |  |  |
| --- | --- | --- |
| Taxi | Estimated cost per person |  |
| Bus/Public Transportation | Estimated cost per person |  |
| Rental Car | Estimated cost per person |  |

Housing:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In Transit | Person/Day= |  | Total for all |  |
| At Destination | Person/Day= |  | Total for all |  |

Food:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In Transit | Person/Day= |  | Total for all |  |
| At Destination | Person/Day= |  | Total for all |  |

Fees/Admissions/Excursions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity |  | Cost PP: |  | Total= |  |
| Activity |  | Cost PP: |  | Total= |  |
| Activity |  | Cost PP: |  | Total= |  |
| Activity |  | Cost PP: |  | Total= |  |
| Activity |  | Cost PP: |  | Total= |  |

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Miscellaneous Fees

|  |  |
| --- | --- |
| Supplies (first aid, film, trip journal, etc) |  |
| Taxes, surcharges, airport fees, tips |  |
| Parking, Tolls |  |
| Life Guard/equipment rental, etc |  |
| Vehicle Rentals |  |
| Emergency Fund (at least 10% of budget) |  |
| Other (specify) |  |
| **Total Expenses** |  |
| **TOTAL COST PER PERSON (expenses x # participants)** |  |

**Income**

|  |  |  |  |
| --- | --- | --- | --- |
| Troop Treasury | | |  |
| Fall Product Program | | |  |
| Cookie Program | | |  |
| Other Money-Earning (Service Unit Manager must approve money-earning  activities other than council sponsored product sales.) | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Contributions from sponsors or individuals, if offered | | |  |
| Contributions from parents | | |  |
| **Total Income** | | |  |

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