

Name: _____ Date: _____

Girl Scout Budget

List	\$/person	\$/troop
Accommodations		
Transportation to destination and return		
Local Transportation		
Food and Tips		
Pre-Trip Planning Costs		
Entrance/Program Fees		
Additional Insurance Costs		
Special Equipment Costs		
First Aid Supplies		
Contingency Fund		
Required Emergency I.D. Bracelets		
Other		
Add 10-15% for mis-estimate		
TOTAL ESTIMATE TO TRIP COST		

Note: