Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

TRAVEL DECLARATION

National and International Trips

Lead Teacher _____

Group/Team/Class _____

Travel Dates _____

Travel Destination(s) _____

Tour Company _____

Did the tour company (listed above), provide complimentary or credited travel for the trip?

☐ **No** ☐ **Yes** (List details below)

Adult Supervisors (Position)	Type/Amount of Benefit	How was the benefit used?

Please list other personal benefits accepted from the tour company, such as travel vouchers, travel reward points, upgrades, cash bonuses, gift certificates, electronics, etc.

Benefit: _____ Value: $ _____

Benefit: _____ Value: $ _____

Benefit: _____ Value: $ _____

Additional Comments:

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COST BREAKDOWN

	Students	Staff Supervisors	Volunteer Supervisors	Total # of Travellers
Number of Travellers				
				Total Cost for Travel Group (Students & Adults)
Total Cost	$	$	$	$
Less Fundraising & Donations	$	$	$	$
Final Cost Paid by Travellers	$	$	$	$

I attest to the following:

- The above information was clearly communicated to the student/parent group on the following date: _____
- That the above is an accurate and complete summary of any complimentary, supplementary or monetary benefits that either the group or myself received to-date or will receive in the future, either directly or indirectly, from the tour company.

Lead Teacher Signature	Print Name	School	Date
Principal's Signature	Print Name	School	Date