School Field Trip Packet - Day Trips without District Transportation				
Organization: Marion County Public Schools Emplo Assigned To: "Bookkeeper" members at Warning: You are not the assigned user for this stage. Show History Remove Applicants or Employees	yee: ELMA SIMPSON			
NOTE: Field trip packets that require Board approvating regular board meeting each month; if your trip does submit your forms three weeks prior to the trip.				
School Professional Leave				
PERSONNEL				
03.125 AP.21				
¥ Employee Name	Elma Simpson			
★ School/Work site	District Wide			
₩ Date(s) of leave	July 25, 2016			
※ Time of departure	08:00 am			
★ Destination Beech Bend Park, Bowling Green, KY.				
₩ Purpose/Rationale for attending Summer Program - Parent/Child Event				
* Number of students involved	31			
Substitute needed (please remember to enter your all Aesop, even if a substitute is not required.)	bsence in No			
Number of days (Avg. \$100 a day)				
Substitute code				
常 Registration	Yes			
Registration cost	1120			
Registration code	0002852 0894 311B			
₩ Mileage	No No			
Number of miles	NO			
Number of days				
₩ Lodging	No			
Cost per pight				

Number of nights

Lodging rate

Meals

Yes

Estimated total meal cost

644

Meals/Mileage/Parking/Lodging Code

0002852 0894 311B

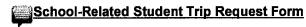
Grand total of expenses

\$1764

*An overnight stay is required for reimbursement of any meals. Meals reimbursed at rate of \$7/\$8/\$15 or \$8/\$9/\$19 (high rate areas). For lodging to be reimbursed, an original, itemized receipt is required. Registration fee, parking tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses.

Notes

Reviewed/Revised: 01/12/2015



STUDENTS

09.36 AP.21

Faculty member(s) sponsoring trip

Migrant Education Program

※ Type of trip (i.e. classroom, organization, club, athletic, band)

Summer Camp -Parent/Child Event

* Destination name

Beech Bend Park

* Destination address

798 Beech Bend Road, Bowling Green, KY 42101

* Destination phone

(270) 781-7634

Lodging name

Lodging address

Lodging phone

Tate(s) of trip

July 25, 2016

Time of departure

08:00 am

Purpose/Educational value

Summer Camp - Parent/Child Event

* Source of funding for trip

Migrant Education Progra

No student shall be denied the trip because of the inability to pay.

Bill trip expenses to (i.e. Sponsoring organization, school council, Board)

Migrant education Progra

Number of students

31

Number of faculty sponsors 3 * Other chaperones Note: Parents - students will not be able to go unless their parents are going. * Total number of participants 56 Certified common carrier Private vehicle, if allowed by policy; specify driver(s) Supervision (Attach list of names of students and chaperones) Bus List - Parent_Child Event at Beech Bend Park.rtf <u>view</u> Added 7/13/2016 4:12:00 PM Add a File ★ Have all chaperones undergone the required records check and Yes been designated by the principal/designee to supervise students? Reviewed/Revised: 01/12/15 Employee Signature Signed: Elma Simpson Stamped: Wed Jul 13 2016 17:14:11 GMT-0400 (Eastern Daylight Time);7/13/2016 4:14:09 PM;2016-07-13 21:14:09Z;75.88.174.168; Employee - #128 - ELMA

Approve	Deny

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	ALL OWNED AUTOS		:		BODILY INJURY (Per person)	\$	
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					BODILY INJURY (Per accident)	\$	
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	X COLLISION				PROPERTY DAMAGE (Per accident)	\$	
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	KERS COMPENSATION AND OYERS' LIABILITY						
ANY F	PROPRIETOR/PARTNER/EXECUTIVE DER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	describe under IAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE		
SPEC					E.L. DISEASE - POLICY LIMIT	\$	
ı	RAGE KEEPERS	TD000059	09/27/2015	09/27/2016	600,000		

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