

School Field Trip Packet - Overnight/Greater than 100 miles with District Transportation

Organization: **Marion County Public Schools**Employee: **PATRICK CAMPBELL**Assigned To: **User - teresa.preston**[Show History](#)

NOTE: Field trip packets that require Board approval will only be approved at the first regular board meeting each month; if your trip does not require Board approval, please submit your forms three weeks prior to the trip.

School Professional Leave

PERSONNEL

03.125 AP.21

* Employee Name	Patrick Campbell
* School/Work site	Marion County High School
* Date(s) of leave	April 5-8, 2017
* Time of departure	08:00 am
* Destination	Pigeon Forge, TN
* Purpose/Rationale for attending	Varsity baseball spring break tournament
* Number of students involved	35

* Substitute needed (please remember to enter your absence in Aesop, No even if a substitute is not required.)

*Number of days (Avg. \$100 a day)**Substitute code*

* Registration No

*Registration cost**Registration code*

* Mileage No

*Number of miles**Number of days*

* Lodging No

*Cost per night**Number of nights*

Lodging rate

✳ Meals

No

*Estimated **total** meal cost**Meals/Mileage/Parking/Lodging Code*

✳ Grand total of expenses

0.00

***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

2

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

Athletic Baseball

✳ Destination name

Pigeon Forge, TN

✳ Destination address

4306 Forest Ridge Way
Pigeon Forge TN

✳ Destination phone

877-237-9055

*Lodging name*Wyndham Vacation
Rentals*Lodging address**Lodging phone*

✳ Date(s) of trip

April 5-8, 2017

✳ Time of departure

08:00 am

✳ Purpose/Educational value

Spring Break Baseball Tournament

✳ Source of funding for trip

BASEBALL BOOSTERS

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

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

BASEBALL BOOSTERS

✳ Number of students

35

✳ Number of faculty sponsors

2

✳ Other chaperones

1

✳ Total number of participants

38

✳ Supervision (Attach list of names of students and chaperones)