

School Field Trip Packet - Overnight/Greater than 100 miles without District Transportation

Organization: **Marion County Public Schools**

Employee: **STEVEN BEAMS**

Assigned To: **User - kim.hood**

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NOTE: Field trip packets that require Board approval will only be approved at the first regular board meeting each month.

School Professional Leave

03.125 AP.21

* Employee Name	Daniel BEams
* School/Work site	Marion County High School
* Date(s) of leave	Nov. 13
* Time of departure	03:00 pm
* Destination	Colts Stadium, Indianapolis.
* Purpose/Rationale for attending	Grand Nationals Finals Viewing
* Number of students involved	45

* Substitute needed (please remember to enter your absence in Aesop, 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

***An overnight stay is required for reimbursement of any meals. Any meal exceeding \$5.00 must be substantiated by an itemized receipt. Maximum allowable food expenditure per day shall be \$40.00 in state and \$46.00 out of state. For lodging to be reimbursed, an original, itemized receipt is required. Registration fees, 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

School-Related Student Trip Request Form

09.36 AP.21

* Faculty member(s) sponsoring trip	Daniel Beams
* Type of trip (i.e. classroom, organization, club, athletic, band)	Band
* Destination name	Colts Stadium
* Destination address	500 S Capitol Ave, Indianapolis, IN 46225
* Destination phone	n/a
<i>Lodging name</i>	
<i>Lodging address</i>	
<i>Lodging phone</i>	
* Date(s) of trip	Nov. 13
* Time of departure	03:00 pm
* Purpose/Educational value	Viewing the best marching bands in the nation. Program Building. Culture Building. Reward for the marching band season
* Source of funding for trip	Students/band
<i>No student shall be denied the trip because of the inability to pay.</i>	
* Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	Band
* Number of students	38
* Number of faculty sponsors	1
* Other chaperones	6
* Total number of participants	45
Certified common carrier	tbd

Private vehicle, if allowed by policy; specify driver(s)

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

Roster.docx

Added 9/22/2021 6:43:00 PM

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* Have all chaperones undergone the required records check and been designated by the Yes

principal/designee to supervise students?

Reviewed/Revised: 01/12/15

✳ Employee Signature

Signed: **Daniel Beams**

Stamped: Wed Sep 22 2021 19:43:41 GMT-0400 (Eastern Daylight Time); 9/22/2021
6:43:42 PM; 2021-09-22 23:43:42Z; 198.143.47.5; Employee - #122 - STEVEN
BEAMS

✳ Principal Signature

Signed: **Robby Peterson**

Stamped: Wed Sep 29 2021 07:11:48 GMT-0400 (Eastern Daylight Time); 9/29/2021
6:11:48 AM; 2021-09-29 11:11:48Z; 198.143.47.8; Employee - #371 - JOSEPH
PETERSON

✳ Direct this field trip packet to

Supervisor Signature

Not Signed

Read-Only

✳ Field Trip Designee Signature

Not Signed

Read-Only

✳ Date of Board approval

✳ Superintendent Signature

Not Signed

Read-Only

Approve

Deny