

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

Organization: **Marion County Public Schools**

Employee: **Chastity Gribbins**

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	chastity gribbins
* School/Work site	Marion County ATC
* Date(s) of leave	03/23-03/25
* Time of departure	10:00 am
* Destination	Crowne Plaza 830 Phillips Ln, Louisville, KY 40209
* Purpose/Rationale for attending	Opportunity for leadership development, networking, and skill building
* Number of students involved	19

* Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.) Yes

Number of days (Avg. \$100 a day) 2

Substitute code

* Registration Yes

Registration cost 70.00

Registration code

* Mileage Yes

Number of miles 63

Number of days 3

* Lodging Yes

Cost per night 133.69

Number of nights 2

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* 18.00

Meals/Mileage/Parking/Lodging Code

* Grand total of expenses 500.00

***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

75 registration fee, meals, room

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

- | | |
|---|---------------------------------|
| * Faculty member(s) sponsoring trip | MCATC |
| * Type of trip (i.e. classroom, organization, club, athletic, band) | HOSA |
| * Destination name | Crowne Plaza |
| * Destination address | 830 Phillips lane Louisville K |
| * Destination phone | (502) 367-2251 |
| Lodging name | Crowne Plaze |
| Lodging address | 830 Phillips Lane Louisville Ky |
| Lodging phone | (502) 367-2251 |
| * Date(s) of trip | 03/23-03/25-23 |
| * Time of departure | 10:00 am |
| * Purpose/Educational value | |
| State leadership Conference | |
| * Source of funding for trip | HOSA MCATC |
| <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) | MCATC HOSA |
| * Number of students | 19 |
| * Number of faculty sponsors | 2 |
| * Other chaperones | 0 |
| * Total number of participants | 21 |
| * Supervision (Attach list of names of students and chaperones) | |

State Leadership Conference 2023.docx

Added 1/4/2023 9:42:00 AM

[view](#)

Add a File

- | | |
|---|-----|
| * Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? | Yes |
|---|-----|

Reviewed/Revised: 01/12/15

School Bus Request

This authorization for the use of this vehicle is valid for the use of said vehicle as a "School Bus" and for no other purpose.

* Buses needed 1

**If more than one bus is needed, please submit a 'School Bus Request' form for each additional bus.*

* Destination Crowne Plaze

* Date(s) of trip 03-23-03-25

* Group requesting bus MCATC

* Purpose of trip Stat Leadership Conference

* Bus pick-up time 10:00 am

* Bus return time 03:00 pm

* When transporting items that cannot be held in lap of students, under storage will be required to store these items. Under storage will not be required

* Account to be charged MCATC HOSA

[Blank Student List Template](#)

* Faculty supervision will be provided for this trip. At least one member of our faculty will ride in each bus. A copy of the list of pupils that are assigned to ride this particular school bus can be uploaded below. The driver will be given a copy and the school should also keep a copy of all riders on file.

State Leadership Conference 2023.docx

Added 1/4/2023 9:41:00 AM

[view](#)

* Employee Signature

Signed: **chastity gribbins**

Stamped: Tue Jan 03 2023 15:39:55 GMT-0500 (Eastern Standard Time); 1/3/2023 2:39:55 PM; 2023-01-03 20:39:55Z; 170.185.150.17; Employee - #670 - Chastity Gribbins

* Principal Signature

Signed: **Christina McRay**

Stamped: Wed Jan 18 2023 15:52:37 GMT-0500 (Eastern Standard Time); 1/18/2023 2:52:37 PM; 2023-01-18 20:52:37Z; 170.185.150.17; Employee - #23 - CHRISTINA MCRAY

* 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

This section is to be completed by the Transportation Director.

* Bus number

* Driver

* Driver wage

* Transportation Director Signature/Date

This section is to be completed by the driver and filed in the Transportation Director's office upon completion of the above trip.

* Ending odometer reading

* Beginning odometer reading

* Total miles

* Number transported

* Driver Signature/Date

Approve

Deny