Purchase Order

SPENCER COUNTY BOARD OF EDUCATION

110 Reasor Avenue Taylorsville, KY 40071 Phone (502) 477-3250 Fax (502) 477-3259

Date 03/06/23

This PO number must be shown on ALL invoices, packing lists, packages, and correspondence.

Fed.	Tax	ID (61-6	5001.	367
Ta	x E	cem	pt I	3-19	l

Vendor	# 700 (11 known)	L	Blanket PO	
	SCBOE Transportation			
Telephone	DO	O NOT BACKORDER	Bid Source	
Quantity Ca		Description (size, color, etc.)	Item Price	Extended Price
1	trip to Kentucky Science	e Center	\$317.60	\$317.60
1	trip to Main Event	A-No reservoys setues took tipp ab	\$245.40	\$245.40
1	trip to Juniper Hills		\$535.00	\$535.00
				7-1-1-1
With the Park Street,				

1	PATE TO THE TO THE PATE TO THE			
		Avenue Augusta Avenue Augusta and Augusta Avenue Augusta Avenue Augusta Avenue Augusta Avenue		———
 				
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		And the second s		
21st CCLC	Funding Source		TOTAL	\$1,098.00
0412768-0894-550				41,070100
	- Project (or specify account code in the top section)			And have a
email Ship to:	SPENCER COUNTY MIDDLE SCH	Ordered By		
	KAREN LEFF	KAREN LEFF		
	1263 MT WASHINGTON RD	Program Appywer	Accou	nts Payable Use Only
	TAYLORSVILLE, KY 40071 502.477.3260	Accounts Payable Agnature	Date	Paid:
	Spencer County Board of Education	1 m		
	110 Reasor Avenue	they 11 th		ck Number:
City, ST, Zip For fastest process	Taylorsville, Kentucky 40071	Finance Of er Signature of to al	\$1,000)	
-	Accts.Payable@Spencer.KYSchools.us		Yufat	a Sec.
warmer all to the to	al anie@chanee. mr r nenoni2:02		Initia	845.

	PO#:
	Student Trip Request Form
SUBMIT THIS FORM T	TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP
SCHOOL: FACE	ULTY MEMBER SPONSORING TRIP: HYPIN LAT
Classroom Field Trip Class Trip (whole grade), s Organization/ Club:	pecify other (athletic, band, etc.)
DESTINATION: WY SUPPLE COUNTY W	ADDRESS: 11 W. Muin St 104, 14, 40202 ithin County
DATE(S) OF TRIP: 13 PURPOSE/ EDUCATION VALUE: 6735	DEPARTURE TIME: 9:00 RETURN TIME: 2:30
SOURCE OF FUNDING FOR TRIP:	ED THE TRIP BECAUSE OF INABILITY TO PAY.
	TRIP EXPENSES TO:
SPONSORING ORGANIZATION SCHOOL CONUMBER OF STUDENTS: 55CL TOTAL NUMBER OF PARTICIPATES:	All Table 1986
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO YE	S,SEE PROCEDURE 09.36 AP.212 BUS VAN
□PRIVATE VEHICLE, IF ALLOWED BY POLICY;	ames of adults accompanying students on trip).
	eck and been designated by the principal/designee to supervise
students?	
Name of Faculty Spanson	3/0/23 Date
Trip has been: □approved □disapprove	ed. Reason:
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the	Date he superintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat \$0.93 per mile	
Regular hourly rate for driver; plus overtime	Meals provided by sponsor: ☐ YES ☐ NO
If driver's hours exceed 40 per week.	Send copy to lunchroom: ☐ YES ☐ NO
Overnight lodging: Single room.	Admission to event provided: YES NO
Drive time starts 15 minutes before departure and	7-
15 minutes after arrival.	Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY: Drivers: 1. 2.	No Drivers with extra Kids

PO#:
School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP
SCHOOL: SCHOOL: FACULTY MEMBER SPONSORING TRIP: WIN AFT
☐ Classroom Field Trip ☐ Class Trip (whole grade), specify
Organization/ Club: Other (athletic, band, etc.)
Main Front 12500 Sylamore St Plaza
DESTINATION: ADDRESS: Louisville Ky 40299 Out of State Out of County within County Overnight:
DATE(S) OF TRIP: 01023 DEPARTURE TIME: 9.00 RETURN TIME: 2.30
PURPOSE/EDUCATION VALUE: 638 CUMMER Program
11.01()
SOURCE OF FUNDING FOR TRIP: 25 TCCLC SUMMOR
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.
BILL TRIP EXPENSES TO:
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER:
NUMBER OF STUDENTS: OTHER CHAPERONES: OTHER CHAPERONES:
TOTAL NUMBER OF PARTICIPATES: (85)
MODE OF TRANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED? NO XYES, SEE PROCEDURE 09.36 AP.212 BUS VAN CERTIFIED COMMON CARRIER; SPECIFY
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION: (Attach a list of names of adults accompanying students on trip).
Have all chaperones undergone the required AOC check and been designated by the principal/designee to supervise
students?
(MIDIA) 1A-
Name of Faculty Sponsor Date
Trip has been: approved disapproved. Reason:
Signature of Superintendent/Designee Date
For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat S0.93 per mile
Regular hourly rate for driver; plus overtime Meals provided by sponsor: YES NO If driver's hours exceed 40 per week. Send copy to lunchroom: YES NO
Overnight lodging: Single room. Admission to event provided: Prive time starts 15 minutes before departure and
15 minutes after arrival. Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY:
Drivers: 1

PO #:
School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP
SCHOOL: SCHOOL: FACULTY MEMBER SPONSORING TRIP: WULL LETT
□ Classroom Field Trip □ Class Trip (whole grade), specify No Organization/ Club: CBB SOMMOR □ other (athletic, band, etc.)
DESTINATION: JUNIOLITIAI ADDRESS: BOOLOVISVILLE PU Frankfortky
☐ Out of State ☐ Out of County ☐ within County ☐ Overnight:
DATE(S) OF TRIP: 0 13 13 DEPARTURE TIME: 9:30 RETURN TIME: 6:00 PURPOSE/ EDUCATION VALUE:
SOURCE OF FUNDING FOR TRIP: 21St CCC GBB SUMMER
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY. BILL TRIP EXPENSES TO:
SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD □ OTHER: NUMBER OF STUDENTS: 15 FACULTY SPONSORS: 2 OTHER CHAPERONES: 8
TOTAL NUMBER OF PARTICIPATES: 85 MODE OF TRANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED? NO NYES, SEE PROCEDURE 09.36 AP.212 BUS VAN CERTIFIED COMMON CARRIER; SPECIFY
□PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION: (Attach a list of names of adults accompanying students on trip). Have all chaperones undergone the required AOC check and been designated by the principal/designee to supervise
students? YES DO NO
Men Rels 3/10/23
Name of Faculty Sponsor Date
Trip has been: □approved □disapproved. Reason:
Signature of Superintendent/Designee Date
For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat All by With UNDER CUrgo
Régular hourly rate for driver; plus overtime Meals provided by sponsor: NO
If driver's hours exceed 40 per week. Send copy to lunchroom:
Overnight lodging: Single room. Admission to event provided: Prive time starts 15 minutes before departure and
15 minutes after arrival. Number of Buses Requested:
- DO GRIVEY I WITH DIMA VILL
15 minutes after arrival. TRANSPORTATION OFFICE USE ONLY: Drivers: 1

	PO #:
School- Related Stu	dent Trip Request Form
SUBMIT THIS FORM TWO	O (2) WEEKS <u>PRIOR</u> TO THE TRIP
CONV.C	1/ 0000 1018
SCHOOL:FACULT	Y MEMBER SPONSORING TRIP: MUTCH LATT
Classroom Field Trip Class Trip (whole grade), spec	
Organization/ Club: 653 SUMMIN	other (athletic, band, etc.)
Chalma Cinamas &	150 Brich Bolivelle Challen 110
DESTINATION:	ADDRESS: 250 Brighton Circle Shelbyulle on County Overnight:
☐ Out of State ☐ Out of County ☐ within	n County
DATE(S) OF TRIP: (0/30/23	DEPARTURE TIME: 900 RETURN TIME: 1230
	6BB
	A W. The Wall
SOURCE OF FUNDING FOR TRIP: 21St CCC	Summer
	THE TRIP BECAUSE OF INABILITY TO PAY.
	P EXPENSES TO:
☐ SPONSORING ORGANIZATION ☐ SCHOOL COU	
	SPONSORS: OTHER CHAPERONES:
TOTAL NUMBER OF PARTICIPATES: 85	
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE	**RANSPORTATION: **PROCEDURE 09.36 AP.212
☐ CERTIFIED COMMON CARRIER; SPECIFY	PROCEDURE 09.36 AP.212 DOS VAIN
□PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPE	CIEV DRIVER(S)
	s of adults accompanying students on trip).
	and been designated by the principal/designee to supervise
students?	
1011 Ola & 0111	2/1/22
TOTON TINGS	2/6/63
Name of Faculty Sponsor	Date
Trip has been: □approved □disapproved. F	Reason:
Signature of Superintendent/Designee	Date
	uperintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat	o drivers with extra kills
\$0.93 per mile	U arivers wanterine p. a.
Regular hourly rate for driver; plus overtime	Meals provided by sponsor: ☐ YES ☐ NO
If driver's hours exceed 40 per week.	Send copy to lunchroom:
Overnight lodging: Single room.	Admission to event provided: YES NO
Drive time starts 15 minutes before departure and	1
15 minutes after arrival.	Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY:	The state of the s
Drivers: 1. 2.	3.