

# SCROLL

PO # 2341169

**Tax Exempt B-191**

Vendor # 700 (if known)

☐ Blanket PO**SCBOE**

## Transportation

Telephone \_\_\_\_\_

### Bid Source

[illegible]

<b>TOTAL</b>	<b>\$1,098.00</b>
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**Account Code****KAREN LEFF**

Ordered By:

email

ATTN KAREN LEFF

Address 1263 MT WASHINGTON RD

City, ST, Zip TAYLORSVILLE, KY 40071

Phone 502.477.3260

**BILL TO: Spencer County Board of Education**

Address 110 Reazor Avenue

City, ST, Zip Taylorsville, Kentucky 40071

**For fastest processing and payment:**

Email invoice to: **Accts.Payable@Spencer.KYSchools.us**

**KAREN LEFF**

Program Approver

Accounts Payable Signature \_\_\_\_\_

Finance Officer Signature (if total \$1,000)

Accounts Payable Use Only

Date Paid:

Check Number:

**Initials:**

PO #: \_\_\_\_\_

**School- Related Student Trip Request Form**  
**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP**

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Karen Leff☐ Classroom Field Trip ☐ Class Trip (whole grade), specify \_\_\_\_\_  
☒ Organization/ Club: GBB Summer ☐ other (athletic, band, etc.) \_\_\_\_\_DESTINATION: Ky Science Center ADDRESS: 111 W. Main St Lou. Ky 40202  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_DATE(S) OF TRIP: 6/9/23 DEPARTURE TIME: 9:00 RETURN TIME: 2:30  
PURPOSE/ EDUCATION VALUE: GBB Summer ProgramSOURCE OF FUNDING FOR TRIP: 21ST CCLC  
**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: 75 FACULTY SPONSORS: 2 OTHER CHAPERONES: 8  
TOTAL NUMBER OF PARTICIPATES: 85

## MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, 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 ☐ NOName of Faculty Sponsor: Karen LeffDate: 3/6/23Trip 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

\$0.93 per mile

Regular hourly rate for driver; plus overtime

If driver's hours exceed 40 per week.

Overnight lodging: Single room.

Drive time starts 15 minutes before departure and  
15 minutes after arrival.Meals provided by sponsor: ☐ YES ☐ NOSend copy to lunchroom: ☐ YES ☐ NOAdmission to event provided: ☐ YES ☐ NONumber of Buses Requested: 2

## TRANSPORTATION OFFICE USE ONLY:

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

No Driver 1 with extra kids

PO #: \_\_\_\_\_

**School- Related Student Trip Request Form**  
**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP**

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Karen Leftt

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify \_\_\_\_\_  
☒ Organization/ Club: CB3 Summer ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: Main Event ADDRESS: 12500 Sylamore St Plaza  
Louisville Ky 40299  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 6/16/23 DEPARTURE TIME: 9:00 RETURN TIME: 2:30  
PURPOSE/ EDUCATION VALUE: CB3 Summer Program

SOURCE OF FUNDING FOR TRIP: 21st CCLC 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: 75 FACULTY SPONSORS: 2 OTHER CHAPERONES: 8  
TOTAL NUMBER OF PARTICIPATES: 85

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, 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 ☐ NO

Karen Leftt 3/6/23  
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**  
\$0.93 per mile  
Regular hourly rate for driver; plus overtime  
If driver's hours exceed 40 per week.  
Overnight lodging: Single room.  
Drive time starts 15 minutes before departure and  
15 minutes after arrival.

no drivers with extra kids

Meals provided by sponsor: ☐ YES ☐ NO  
Send copy to lunchroom: ☐ YES ☐ NO  
Admission to event provided: ☐ YES ☐ NO  
Number of Buses Requested: 2

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

PO #: \_\_\_\_\_

**School- Related Student Trip Request Form**  
**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP**

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Karen Left

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify \_\_\_\_\_  
☒ Organization/ Club: GBB Summer ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: Uniper Hill ADDRESS: Boo Louisville Rd Frankfort Ky  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 6/23/23 DEPARTURE TIME: 9:30 RETURN TIME: 6:00  
 PURPOSE/ EDUCATION VALUE: \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP: 21st CCIC GBB Summer  
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

## BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: \_\_\_\_\_  
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## MODE OF TRANSPORTATION:

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☐ 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 ☐ NO

Karen Left 3/6/23  
 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  
 \$0.93 per mile

Regular hourly rate for driver; plus overtime

If driver's hours exceed 40 per week.

Overnight lodging: Single room.

Drive time starts 15 minutes before departure and  
 15 minutes after arrival.

Meals provided by sponsor: ☐ YES ☐ NO  
 Send copy to lunchroom: ☐ YES ☐ NO  
 Admission to event provided: ☐ YES ☐ NO

Number of Buses Requested: 2

TRANSPORTATION OFFICE USE ONLY:

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Need bus with under cargo

no drivers with extra kids

PO #: \_\_\_\_\_

**School- Related Student Trip Request Form**  
**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP**

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Karen Lett

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify \_\_\_\_\_  
☒ Organization/ Club: GBB Summer ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: Shelby Cinemas B ADDRESS: 250 Brighton Circle Shelbyville Ky  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 6/30/23 DEPARTURE TIME: 9:00 RETURN TIME: 1230  
PURPOSE/ EDUCATION VALUE: 21st CCLC GBB

SOURCE OF FUNDING FOR TRIP: 21st CCLC Summer  
**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.**

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: \_\_\_\_\_  
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☐ 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 ☐ NO

Karen Lett 3/16/23  
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**  
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If driver's hours exceed 40 per week.  
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Drive time starts 15 minutes before departure and  
15 minutes after arrival.

no drivers with extra kids

Meals provided by sponsor: ☐ YES ☐ NO  
Send copy to lunchroom: ☐ YES ☐ NO  
Admission to event provided: ☐ YES ☐ NO  
Number of Buses Requested: 2

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_