

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

Organization: **Marion County Public Schools**

Employee: **DAVID HIBBARD**

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	David Hibbard
* School/Work site	Marion County High School
* Date(s) of leave	March 1-3, 2024
* Time of departure	08:00 am
* Destination	Mock Trial State Tournament-Covington, KY
* Purpose/Rationale for attending	Mock Trial State Tournament
* Number of students involved	10

* 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) 1

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 \$100

***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 David Hibbard
- * Type of trip (i.e. classroom, organization, club, athletic, band) Club
- * Destination name Kenton County Courthouse
- * Destination address Covington, KY
- * Destination phone 859-678-1765
- Lodging name
- Lodging address 574 Tingle Lane
- Lodging phone 8594815044
- * Date(s) of trip March 1-3, 2024
- * Time of departure 08:00 am
- * Purpose/Educational value Mock Trial State Tournament
- * Source of funding for trip Mock Trial

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

- * Bill trip expenses to (i.e. Sponsoring organization, school council, Board) Mock Trial
- * Number of students 10
- * Number of faculty sponsors 1
- * Other chaperones 0
- * Total number of participants 11
- * Supervision (Attach list of names of students and chaperones)

23-24 Mock Trial Roster.xlsx
Added 2/5/2024 2:51:00 PM

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- * 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**

- * 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