

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

Organization: **Marion County Public Schools**      Employee: **CHRISTINA MCRA Y**

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

[Show History](#)

**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	March 14, 2024
* Time of departure	11:00 am
* Destination	Holiday Inn Airport Expo, Louisville KY
* Purpose/Rationale for attending	State HOSA conference & competition.
* Number of students involved	11

\* 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*      Bill to MCATC

\* Registration      No

*Registration cost*

*Registration code*

\* Mileage      No

*Number of miles*

*Number of days*

\* Lodging      Yes

*Cost per night*

*Number of nights*      3

*Lodging rate*      Conference Rate

\* Meals      Yes

*Estimated **total** meal cost*

*Meals/Mileage/Parking/Lodging Code*      Bill to MCATC Perkins


\* Grand total of expenses      400.00

**\*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

Requesting drop off at Hotel on March 14. Pickup will be on Saturday, March 16 at 12:30 pm. Bus does not need to stay overnight.

Reviewed/Revised: 01/12/2015

 **School-Related Student Trip Request Form**

09.36 AP.21

- \* Faculty member(s) sponsoring trip Chastity Gribbins
  - \* Type of trip (i.e. classroom, organization, club, athletic, band) MCATC HOSA
  - \* Destination name Holiday Inn Airport Expo
  - \* Destination address 447 Farmington Avenue, Louisville KY
  - \* Destination phone 502.637.4500
  - Lodging name* Holiday Inn Airport Expo
  - Lodging address* 447 Farmington Ave, Louisville KY
  - Lodging phone* 502.637.4500
  - \* Date(s) of trip March 14-16
  - \* Time of departure 11:00 am
  - \* Purpose/Educational value State HOSA competition
  - \* Source of funding for trip Bill MCATC
- No student shall be denied the trip because of the inability to pay.*
- \* Bill trip expenses to (i.e. Sponsoring organization, school council, Board) MCATC HOSA
  - \* Number of students 11
  - \* Number of faculty sponsors 1
  - \* Other chaperones 0
  - \* Total number of participants 12
  - \* Supervision (Attach list of names of students and chaperones)

HOSA state 2024.xlsx [view](#)  
 Added 2/5/2024 10:33:00 AM

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 Holiday Inn Airport Expo


 Date(s) of trip March 14-16, 2024

 Group requesting bus MCATC HOSA

 Purpose of trip State HOSA competition


 Bus pick-up time 11:00 am

 Bus return time 12:30 pm

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

 Account to be charged Bill 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.

HOSA state 2024.xlsx [view](#)  
Added 2/5/2024 10:34:00 AM

#### Employee Signature

Signed: **Christina McRay**  
Stamped: Mon Feb 05 2024 11:34:06 GMT-0500 (Eastern Standard Time); 2/5/2024 10:34:07 AM; 2024-02-05 16:34:07Z; 170.185.150.17; Employee - #23 - CHRISTINA MCRA Y

#### Principal Signature

Signed: **Christina McRay**  
Stamped: Mon Feb 05 2024 11:41:53 GMT-0500 (Eastern Standard Time); 2/5/2024 10:41:54 AM; 2024-02-05 16:41:54Z; 170.185.150.17; Employee - #23 - CHRISTINA MCRA Y

 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**