

Sugar Salem School District #322
Student Transportation Travel Request – Field Trip

Name of employee(s) requesting travel: Fred Woolley

School: Sugar-Salem High School Destination: CWI, CSI, BSU

Dates of Proposed Travel: 11/5 - 11/6 2015 Date Submitted: 10/12/15

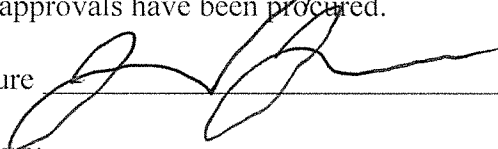
Groups Included in Travel: High School Seniors

Time of Departure from School: 9:30 am Time of Return: 10:00 pm

Number of Students Involved in Travel: 50

Check here when you have notified food service personnel of changes to the lunch count or the need for sack lunches.

Complete funding information on the next page prior to getting approvals below. Do not make reservations, etc. until all approvals have been procured.

Building Principal Signature  Date: 10-12-15

Funding Approval Signature: _____ Date: _____
(Federal Programs Director, Special Education Director, etc. if needed)

Superintendent's Signature: _____ Date: _____

Comments or Special Instructions: _____

Purpose of Leave: Campus Visits

Description of Planned Activities: Campus Visits

Funding Information

ACG providing hotel, meals and travel

Hotel: CACG Providing Lodging Total Cost: _____
Address: _____

Telephone: _____
of nights staying: _____ Cost Per Night: \$0 # of Rooms: _____

After submitting the form the employee should make all the lodging reservations using a purchase order. Use of a purchase order ensures that we do not pay tax.

Meals
Per diem allowance is 25.00 per day. Number of full days: _____ Meals Total Cost: \$0

Breakfast 7.00 (when traveling between 7:00 am 11:00 am # of Breakfasts: _____

Lunch 7.00 (when traveling between 11:00 am and 3:00 pm. # of Lunches: _____

Dinner 11.00 (when traveling between 5 pm and later. # of Dinners: _____

Do not request reimbursement for meals provided during workshops.
If students are paying for meals, how much are they required to bring?: _____

All per diem requests should be made prior to travel and require a purchase order.

Travel

Travel via district bus. Travel via chartered bus.

Estimated number of miles: _____ Cost per mile: _____ Total cost: \$0

Mileage cost vary. Get cost per mile from Transportation Director. Mileage will be paid to and from the destination including a reasonable number of miles while at the conference.

What are students being asked to pay for travel?: \$20

Registration – attach registration form if available.

Organization: _____

Address: _____

Telephone: _____ # of Individuals: _____ Cost Each: _____ Total Cost: _____

After submitting this form the employee should make all registration reservations using a purchase order.

Funding

- _____ Title I
- _____ Title VI B Special Education
- _____ Title IIA Professional Development
- _____ Vocational
- _____ Professional Technical
- _____ Technology
- _____ School Travel Budget
- Other OSBE

Total Estimated Cost of Travel: \$0

Total Estimated Cost of Travel for Individual Students: \$20