



# CHARTIERS VALLEY SCHOOL DISTRICT

## TEAM TRAVEL REQUEST FORM

- Request must be received by the Business Office as much in advance as possible prior to travel.
- Team Travel is defined as a group of students and school professionals traveling on behalf of the District.

1 Name of Team: **GIRLS BASKETBALL** 2 Budget No: **10.3250.810,38.800.51**

3 Date(s) of Travel: **10/27-10/29**

4 Total # of Travelers: **Team Travel**

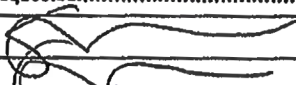

5 List of Sch/ Professionals Traveling: **MIKE SEMPLICE, KATHY HELFRICK, JIM TRAINOR**

6 List of Team Members Traveling: **See Attached**

6 List Cont'd:

7 Purpose: **MARYLAND TEAM TRAVEL (overnight stay, missing school Friday 10/27)**

8 Please attach a copy of any documentation that supports the reason for travel to this request.

					Estimated Expenses	PO#
9 Registration Fee .....					N/A	
10 No. of Days Substitute Required:		x	\$ 121.80	/per Day		
11 Total No. of Nights and Rooms:		x	199.00	/per Day	\$ -	
12 No. of Breakfasts		X	12.00	/per Day		
13 No. of Lunches		X	18.00	/per Day		
14 No. of Dinners		X	25.00	/per Day		
15 Transportation	No. of Miles:	x	0.580	/per Mile		
16 Other Expenses-Describe purchase:						
17 Total Estimated Expenses .....					N/A	
18 Cash Advance Amount Requested.....						
19 Requester's Signature: 					Date:	August 2 2023
20 Principal/Athletic Dir 					Date:	August 2 2023

### ADMINISTRATION ROUTING

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Finance \_\_\_\_\_ Date: \_\_\_\_\_

### BOARD OF EDUCATION AUTHORIZATION

Approved by the Board of Education on: \_\_\_\_\_ Date: \_\_\_\_\_



This page should be filled out with actual expenses after the event returned to the Business Office within five (5) working days from the travel with attached itemized receipts.

1 Name of Team: GIRLS BASKETBALL Date: \_\_\_\_\_  
 2 Date(s) of Travel: 10/27-10/29  
 3 Total # of Travelers: Team Travel 25

					Actual Expenses	PO#
4 Registration Fee .....					N/A	
5 No. of Days Substitute Required:		x	\$ 121.60	/per Day		
6 Total No. of Nights and Rooms:		x	199.00	/per Day		
7 Total Meals Expense	(cannot exceed daily limit total)					
8 Other Expenses-Describe purchase:					\$ -	
9 Other Expenses-Describe purchase:						
10 Other Expenses-Describe purchase:	No additional cost to CV				\$ -	
11 Transportation	No. of Miles:		x	0.580 /per Mile	\$ -	
12 Total Expenses .....					N/A	
13 Less Advance Received (enter as a positive amount).....						
14 Total Amount to be Reimbursed (+) Returned (-)						

15 Requester's Signature: \_\_\_\_\_ Date: 8/2/2023  
 16 Depart Head Signature: \_\_\_\_\_ Date: 8/2/2023

**ACCOUNTING INFORMATION**

Building Travel Acct No.: 10.3250.810.38.800.561.000.3500

**ADMINISTRATION ROUTING**

Director of Finance \_\_\_\_\_ Date: \_\_\_\_\_