



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:	Dance Troupe	2 Budget No:	No cost to the district	
3 Date(s) of Travel:	January 5th & 6th 2024			
4 Total # of Travelers:	11 dancers plus 2 coaches			
5 List of Schl Professionals Traveling:	Riley Magherny			
6 List of Team Members Traveling:	Sarah LaCamera, Carmela Buffone, Alainsa Ansell, Gabriella Paree, Charlize Svihla,			
6 List Cont'd:	Avalon Armfield, Madalyn Stern, Shaffer Kinnee, Delaney Fox, Laci Dzuba, & Lourdes Armfield			
7 Purpose:	The Dance Troupe is requesting to attend a Regional competition Philadelphia, PA at St. Joseph's University. The regional competitions give the dancers experience and feedback to help them prepare for their Nationals in Orlando, Florida where the currently rank thrid in the nation.			
8 <u>Please attach a copy of any documentation that supports the reason for travel to this request.</u>				
		Estimated Expenses	PO#	Amounts Prepaid by the District
9 Registration Fee		\$ 560.00		\$ -
10 No. of Days Substitute Required:		x \$ 123.00 /per Day		\$ -
11 Total No. of Nights and Rooms:		x /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 0.655 /per Mile		\$ -
16 Other Expenses-Describe purchase:				
17 Total Estimated Expenses		\$ 560.00		\$ -
18 Cash Advance Amount Requested.....				
19 Requester's Signature: <i>Riley Magherny</i>		Date: 8/17/2023		
20 Principal/Athletic Dir <i>Kurt Schmidt</i>		Date: 8/18/23		

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 and returned to the Business Office within five (5) working days from the date of travel with attached itemized receipts.

1 Name of Team: Dance Troupe			
2 Date(s) of Travel: January 5th & 6th 2024			
3 Total # of Travelers: 11 Dancers & 2 Coaches			
4 Registration Fee			
5 No. of Days Substitute Required: x \$ 123.00 /per Day			
6 Total No. of Nights and Rooms: x /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:			
11 Transportation No. of Miles: x 0.655 /per Mile			
12 Total Expenses			
13 Less Advance Received (enter as a positive amount)			
14 Total Amount to be Reimbursed (+) Returned (-)			
15 Requester's Signature: Riley Maghury Date: 8/17/2023			
16 Depart Head Signature: Date:			

ACCOUNTING INFORMATION

Building Travel Acct No.: No cost to the district

ADMINISTRATION ROUTING

Director of Finance Date:



Brand	Event	City	State	Start Date	End Date
UDA	UDA - Battle of the Northeast Dance Challenge	Philadelphia	PA	01/6/2024	01/6/2024

[- Close Event Details](#)

Event Information

Team Type: School, All Star

Event Type: Dance

Game Day: Offered

Location:

Saint Joseph's University - University
City Campus - Bobby Morgan Arena
730 S 43rd St
Philadelphia, PA 19104

Brand Contact

Universal Dance Association

800.DANCEUDA

Brand Website

AS DA:

hreyes@varsity.com

HS DA:

medwardson@varsity.com

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