



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:	Boys Basketball	2 Budget No:	10-3250-580-000-38-800-000-000-3500
3 Date(s) of Travel:	December 8 & 9, 2023		
4 Total # of Travelers:	1-30		
5 List of Schl Professionals Traveling:	Brandon Sensor, Rob Shazier, Geno Federico		
6 List of Team Members Travelling:			
6 List Cont'd:			
7 Purpose:	Erie McDowell Basketball Tournament. No cost to CVSD.		

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

					Estimated Expenses	PO#	Amounts Prepaid by the District
9 Registration Fee							
10 No. of Days Substitute Required:		x	\$ 121.60	/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	0.580	/per Mile			
16 Other Expenses-Describe purchase:							
17 Total Estimated Expenses					\$ -		\$ -
18 Cash Advance Amount Requested.....							
19 Requester's Signature: <i>[Signature]</i>					Date:	July 20, 2023	
20 Principal/Athletic Dir <i>[Signature]</i>					Date:	7/20/23	

ADMINISTRATION ROUTING

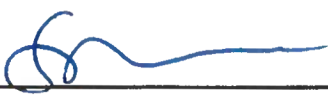
Superintendent:		Date:	
Director of Finance		Date:	

BOARD OF EDUCATION AUTHORIZATION

Approved by the Board of Education on:		Date:	
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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:		Boys Basketball		Date:		
2 Date(s) of Travel:		December 8 & 9, 2023				
3 Total # of Travelers:						
				Actual Expenses	PO#	Amounts Prepaid by the District
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 0.580 /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: 				Date: 8/2/23		
16 Depart Head Signature:				Date:		

ACCOUNTING INFORMATION

Building Travel Acct No.: 10-3250-580-000-38-800-000-000-3500

ADMINISTRATION ROUTING

Director of Finance _____ Date: _____