

PORTAGE AREA SCHOOL DISTRICT

84 MOUNTAIN AVENUE • PORTAGE, PA 15946 • (814) 736-9366 • FAX (814) 736-9634

BOARD AGENDA REQUEST

(Including: Field Trips, Approved Travel Requests and Agenda Requests)

Please give to building principal who will submit to the superintendent for board approval. **All requests must be submitted by noon Wednesday prior to the board's committee meeting.**

Person Submitting Request

Building (HS/ES)

School Year

Administrator's Signature

Date

Subject: _____

Please attach a copy of conference brochure, itinerary, etc.

Date/s of Event: _____

Days: Sun Mon Tue Wed Thu Fri Sat

Departure Time: _____ am/pm

Return Time: _____ am/pm

of Students Participating: _____

of Teachers Participating: _____

Does this require a substitute? Yes ___ No ___

Number of Substitutes: _____

Mileage to be reimbursed? Yes ___ No ___

Total Miles: _____

Cost to District: \$ _____, If none, paid by whom? _____

Calculating cost to District:

Substitutes: \$105/day, each substitute, each day \$ _____

Mileage: \$.625/mile as per current contract with PAEA. Mileage is calculated for use of personal vehicle, not for district van or suburban use. Use round trip mileage. \$ _____

Buses: \$1.31/mile (after 60 miles) plus \$13.58/hour (after 1st hour) for each driver and each bus. Minimum charge of \$109.80 for any transportation. \$ _____

Meals: \$30/ day for three meals (\$5 breakfast, \$10 lunch, \$15 dinner) \$ _____

Registration: Include all fees for registration, if applicable, in the total cost. \$ _____

Total \$ _____

Request for payment of fees must be submitted to the business office on a Miscellaneous Requisition (pink) form and not attached to this agenda request. Please be sure to obtain all necessary signatures on all forms you are submitting for this request (including miscellaneous requisitions)

If transportation is required, please complete the reverse side. Please register yourself and complete the reverse side.

Do not write below this line

Approved subject to board action

Approved by action of the board

Not approved (reason): _____

Superintendent of Schools

Date



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BUSES

Bus Contractor: _____ # of Buses Requested: _____
(Limit 48 students per bus)

Handicapped accessible transportation needed? Yes _____ No _____

Total number of passengers: _____ (Students _____ Teachers _____ Chaperones _____)

Departure Date: _____ Departure Time: _____

Date of Return: _____ Time of Return: _____

Place/s visited: _____

Educational value: _____

Signature of individual making request: _____

**Elementary: Forward a copy of your request to Elementary Office.
High School: Forward a copy of your request to Marsha Kick.**

**Please initial here that you have provided a copy of this Request for transportation purposes.
This is to ensure that you have transportation for your trip.**

_____ (initials)

DISTRICT VAN OR SUBURBAN

Van occupancy is ten (10) including the driver. No exceptions.
Suburban occupancy is eight (8) including the driver. No exceptions

I am requesting the: Van _____ Suburban _____

Date needed: _____ Days: Sun Mon Tue Wed Thu Fri Sat

Departure Time: _____ Return Time: _____

Trip Destination: _____

Driver: _____ Driver License Number: _____

The driver MUST possess a valid Pennsylvania driver's license. Current mandates require that the district obtain a driving record on any individual who uses a district vehicle. The district will use your name and driver license number to obtain an abstract of your driving record.

Driver Signature: _____

REGISTRATION

Please register yourself. Attach a copy of the brochure/literature of the event. If available, please use "bill my school entity" option. Otherwise, you must submit a miscellaneous requisition to the business office for payment if board approved. Do not attach a copy of the miscellaneous requisition to this request. Submit your request for fees directly to the business office.

I, _____ (name), hereby state that I have registered for the aforementioned event/ conference/seminar,
etc. on _____ (date).