

# 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? \_\_\_\_\_

Instructions for Calculating cost to District:

<b>Substitutes:</b> \$85/day, each substitute, each day	\$ _____
<b>Mileage:</b> \$.540/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.	\$ _____
<b>Buses:</b> \$1.11/mile (after 60 miles) plus \$11.51/hour (after 1 <sup>st</sup> hour) for each driver and each bus. Minimum charge of \$93.12 for any transportation.	\$ _____
<b>Meals:</b> \$30/ day for three meals (\$5 breakfast, \$10 lunch, \$15 dinner)	\$ _____
<b>Registration:</b> Include all fees for registration, if applicable, in the total cost.	\$ _____
<b>Total</b>	\$ _____

**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

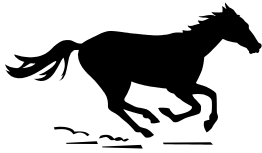
Approved subject to board action

Approved by action of the board

Not approved (reason): \_\_\_\_\_

Superintendent of Schools

Date



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

**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 Julie Borlie.**  
**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).