

Complete form in its entirety. See **RED TEXT**. These are areas that need to be reviewed and completed if applicable for your trip

# SAMPLE STUDENT ACTIVITY EXPENSE APPROVAL

StuAct Dept will enter Expense Approval# once completed & approved form is received

School travel secretary will enter date received

**MPS STUDENT ACTIVITY EXPENSE APPROVAL** Check one: In-State Single Day  Out of State/Overnight

Complete form for ALL travel w/students and/or an event w/students Needing a Substitute to be paid from StuAct funds

Is this an increase request from an existing approval #? YES  NO

\*This form is a questimate of ALL trip expense, aim high, does not enbumver funds\* EXPENSE APPROVAL # 2021-626-1  
(Initial approval # assigned by the StuAct Department)

SCHOOL: ASC Bldg. StuAct Date Received: (Entered by school travel secretary) 4/15/2020

STUDENT GROUP TRAVELING: Student Activity Trip Club TRIP/ACTIVITY EVENT: ABODA Competition

Certified Employee Supervising the trip/event/activity: Tina Gooder Contact Ph # 480-472-XXXX

\*ALL TRAVEL REQUIRES A TRAVEL PACKET\* TRAVEL PACKET IS COMPLETED AND SUBMITTED TO TRAVEL SECRETARY: YES  EVENT N/A

Will a Parent Group (i.e. PTO, Boosters etc.) help fund trip expenses? YES  Amount: \_\_\_\_\_ NO

Parent Group Contact Name: \_\_\_\_\_ Contact Ph# \_\_\_\_\_

What account will the Parent Group deposit monies into? \_\_\_\_\_  
*Per MPS Board Policy all monies need to be deposited into a club or gifts and donation account*

Are you using a Travel Agency? YES  Agency Name: Terra Travel NO

Agency Contact Name: Janet Smith Contact Ph# 480-XXX-XXXX

How many payments are required? 2 Reminder: Payments cannot be made directly to a vendor. Collect monies, keep your log, and make a lump sum payment at each due date. Do not request multiple invoices, by student name, for each payment received.

PAYMENT DUE DATES			
Parent/Stu Due Date: <u>July 5, 2020</u>	Amount: <u>\$100.00</u>	Vendor/Travel Agency Due Date: <u>July 20, 2020</u>	Amount: <u>\$500.00</u>
Parent/Stu Due Date: <u>July 17, 2020</u>	Amount: <u>\$75.00</u>	Vendor/Travel Agency Due Date: <u>July 31, 2020</u>	Amount: <u>\$300.00</u>
Parent/Stu Due Date: _____	Amount: _____	Vendor/Travel Agency Due Date: _____	Amount: _____

Date of trip/activity/event: FROM Aug 7, 2020 TO Aug 8, 2020 Destination: U of A Tucson

Funds (select all)  ECA  CLUB Other Distict for Gas Card If "other" did you check if funds are available?

IF AIA,AMEA,ABODA,WGAZ OR AZMBA IN STATE TRIP ONLY. DO YOU NEED  
Gas Card  Substitute  Is "other" paying for  STUDENT  ADULT

TRIP/ACTIVITY ACCOUNT #(S): 7777/8888

Number of Students 2 Number of MPS Employees 2 Number of Non-MPS Employees 1

Chaperone includes all MPS Employee's (i.e. teachers) AND Non-MPS Employee's (i.e. parents). Note that the elementary required chaperone/student ratio is 1:10. Secondary is 1:15. If at the time of your trip, your student #'s change, your chaperones #'s should match that change. All non-required chaperones will need to pay their own expenses into a club account or at the door.

TOTAL COSTS FROM ALL SOURCES: COST PER STUDENT: \$ 175.00 COST PER ADULT/CHAPERONE: \$ 150.00

<p><b>TRANSPORTATION COSTS \$ <u>0</u></b> (bus, rental vehicle, taxi, gas, parking fees) Account # _____ / Account # _____</p>	<p><b>HOTEL/MOTEL COSTS \$ <u>500.00</u></b> Account # <u>8888</u> / Account # <u>7777</u></p>
<p><b>MEAL COSTS \$ <u>120.00</u></b> <i>Reminder: request for meal limits using ECA or Athletic funds are: \$10.00 Breakfast, \$14.00 Lunch, \$21.00 Dinner</i> Account # <u>8888</u> / Acct # <u>7777</u> <small>The employee <b>must</b> pay for his or her own meals for travel within a 50 mile radius from school site</small></p>	<p><b>ADMISSION/REGISTRATION COSTS \$ <u>180.00</u></b> Account # <u>8888</u> / Account # _____</p> <p>Are you receiving complimentary admission passes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, How many? _____</p> <p><small>Complimentary passes can only be used on the required chaperone ratio. Any additional passes will need to be applied to the student admission costs.</small></p>
<p><b>SUB COSTS \$ <u>0</u></b> (Please note: \$107.65 per full day x day(s) needed) Acct # _____ \$ _____ / Acct # _____ \$ <u>107.65</u></p>	
<p><b>TOTAL Expected Cost Of Trip/Activity/Event: \$ <u>\$800.00</u></b> <i>Don't forget to complete the travel req for PO's &amp; Cash Envelopes needed for your trip</i></p>	

Date of Superintendent's approval IF overnight & Out-Of-State 5/13/2020 AUTHORIZING SIGNATURES \_\_\_\_\_ SIAC Min Date 5/11/2020  
(General ECA 8002 and/or Overnight & Out-of-State Travel)

Student Club Officer: Dalia Angel Student Council Officer: Michelle Pratt

Club/Sponsor Advisor: Tina Gooder Student Council Advisor: Beth Forkenbrock

Club Sponsor Phone #: 480-472-XXXX StuCo Meeting Minutes Date: 5/13/2020

ADMINISTRATOR SIGNATURE: Carol Alexander DATE: 5/14/2020

Note: Trips using ECA accounts will ALSO need an approved club account for addit'l expenses that may not be ECA allowable.

ABODA TRIP

2 students (male/female)

3 chaperones, 2 are required (male/female)

1 additional (parent)

Addit'l chaperone needs to pay trip expenses into a club account.

Total Trip Cost: \$800.00

For this ABODA In-State, Overnight trip: District funds will pay the gas and substitute expense. (No amount should be listed for this trip since District is picking up the expense)

Trip costs should equal total cost of trip AND should match the student activities "travel requisition(s)"

GIVE COMPLETED FORM TO YOUR PRINCIPAL SECRETARY (elementary or STUDENT ACTIVITIES SECRETARY (jr & sr high school)

All overnight & out-of-state trips need Superintendent's AND SIAC approvals

**Student Activity Travel Requisition**  
(PO Request for HOTEL & REGISTRATION using a travel agency)

Traveler dates form

STUDENT ACTIVITIES TRAVEL REQUISITION  
MESA UNIFIED SCHOOL DISTRICT

TRIP COORDINATOR: Date given to Travel Secretary 7/6/2020  
Req# 0001 Buyer: Leane Garrett

Secretary completes this information

SCHOOL: ASC Bldg, Student Activities DATE RECEIVED: (Entered by school travel secretary) 7/6/20

STUDENT GROUP TRAVELING: Student Activity Music Club TRIP EVENT: ABODA Competition

CERTIFIED EMPLOYEE SUPERVISING TRIP: Tina Gooder CONTACT PH# 480-472-xxxx

\*STUDENT ACTIVITIES EXPENSE APPROVAL FORM HAS BEEN COMPLETED AND SENT TO STUDENT ACTIVITIES\*  YES

EXPENSE APPROVAL # 2021-626-1

Don't forget to enter the Expense Approval #, received from Student Activities

Vendor Name: <u>Terra Travel</u>	SEND TO	Amount \$ <u>680.00</u>
Address: <u>13466 N 7th St</u>	<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Request for (check one) <input type="checkbox"/> Check
City, State: <u>Phoenix, AZ</u>	<input type="checkbox"/> Requisitioner	<input type="checkbox"/> Cash Envelope
Zip Code: <u>85022</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Purchase Order

Number of Students 2 Number of MPS Employees 2 Number of Non-MPS Employees 1

Reminder, required chaperone ratio is as follows: Elementary 1:10 Secondary 1:15 (this includes all teachers and adults)

Date of trip: From Aug 1, 2020 TO Aug 2, 2020 Destination: Tucson, AZ

Select all funds to be used:  ECA (526-8XXX)  ATHLETIC (525-13XX)  CLUB (850-7XXX) OTHER \_\_\_\_\_

Reminder, deposits from chaperones/adults over required ratio #'s will need to be made into the 850 (club) funds for trip payment

**ADMISSION/REGISTRATION**

XXX.6XX.1000.6890.XXX.000.XXXX.00 Student ----- Acct # 8888 \$ 180.00

Registration Only

XXX.6XX.1000.6580.XXX.000.XXXX.00 Teachers (MPS & Non-MPS) ----- Acct # \_\_\_\_\_ \$ \_\_\_\_\_

2 Students @\$61 ea (male/female) ECA event, ECA allowable

**FOOD/HOTEL**

XXX.6XX.219L Student ----- Acct # 8888 \$ 122.00

2 adults @126 (MPS employee, male/female required)

XXX.6XX.2190.6580.XXX.000.XXXX.00 All Chaperones (MPS & Non-MPS) ----- Acct # 8888 \$ 252.00  
Acct # 7777 \$ 126.00

**AIRLINE TICKETS/CHARTER BUSES**

XXX.400.2700.6519.XXX.000.XXXX.00 ----- Acct # \_\_\_\_\_ \$ \_\_\_\_\_

**CAR & VAN RENTAL**

XXX.6XX.1000.6440.XXX.000.XXXX.00 ----- Acct # \_\_\_\_\_ \$ \_\_\_\_\_

1 Additional Adult (parent, non-required) Adult paid their own costs into the club account through in-touch

**GASOLINE (Cash Envelope Request)**

XXX.400.2700.6626.XXX.000.XXXX.00 ----- Acct # \_\_\_\_\_ \$ \_\_\_\_\_

**Misc Trip Expenses (Cash Envelope Request)**

XXX.610.1000.6890.XXX.000.XXXX.00 ----- Acct# \_\_\_\_\_ \$ \_\_\_\_\_

**AUTHORIZING SIGNATURES**

TRIP COORDINATOR: Tina Gooder  
(please read and initial)

TG As Trip Coordinator, I acknowledge that ALL non-required Chaperone(s) have been approved, fingerprinted (if applicable), and will pay their own trip costs, either into a MPS Club (850) account through an In-Touch deposit or directly to the vendor. I am aware I may be personally responsible for payment if trip costs failed to get paid.

TG As Trip Coordinator, I acknowledge that for cash envelope requests, I am responsible for all cash, receipts, and the return of the completed signed cash envelope by date due.

**DISTRICT USE ONLY:**

Approval Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

C/E Date: \_\_\_\_\_

C/E Due Date: \_\_\_\_\_

Ck#: \_\_\_\_\_

Administrator: Carol Alexander Date: 7/8/2020

Please note: Travel Coordinator and Administrator are the only signatures needed for this form. Request should match the approved amounts listed on your "Student Activity Expense Approval" form which has all the approved expenses and appropriate signatures and meeting minutes for your trip. If this form exceeds already approved amount(s) an increase to the "Student Activity Expense Approval" form will need to take place.

# Student Activity Travel Requisition (Cash Envelope request for food)

Travel dates form

STUDENT ACTIVITIES TRAVEL REQUISITION  
 MESA UNIFIED SCHOOL DISTRICT

TRIP COORDINATOR: Date given to Travel Secretary 7/6/2020  
 Req# 0002 Buyer: \_\_\_\_\_

SCHOOL: ASC Bldg, Student Activities DATE RECEIVED: (Entered by school travel secretary) 7/6/20

STUDENT GROUP TRAVELING: Student Activity Music Club TRIP EVENT: ABODA Competition

CERTIFIED EMPLOYEE SUPERVISING TRIP: Tina Gooder CONTACT PH# 480-472-xxxx

\*STUDENT ACTIVITIES EXPENSE APPROVAL FORM HAS BEEN COMPLETED AND SENT TO STUDENT ACTIVITIES\*  YES

Secretary completes this information

EXPENSE APPROVAL # 2021-626-1

Don't forget to enter the trip Expense Approval #, received from Student Activities

Vendor Name: <u>Tina Gooder</u>	SEND TO	Amount \$ <u>120.00</u>	
Address: _____	<input type="checkbox"/> Vendor	<u>Request for (check one)</u>	<input type="radio"/> Check
City, State: _____	<input checked="" type="checkbox"/> Requisitioner		<input checked="" type="radio"/> Cash Envelope
Zip Code: _____	<input type="checkbox"/> Other _____		<input type="radio"/> Purchase Order

Remember, this is a cash envelope request, YOU are the vendor. When completed this form gets sent to the Student Activities Department for processing.

Number of Students 2 Number of MPS Employees 2 Number of Non-MPS Employees 1  
 Reminder, required chaperone ratio is as follows: Elementary 1:10 Secondary 1:15 (this includes all teachers and adults)

Date of trip: From Aug 1, 2020 TO Aug 2, 2020 Destination: Tucson, AZ

Select all funds to be used:  ECA (526-8XXX)  ATHLETIC (525-13XX)  CLUB (850-7XXX) OTHER \_\_\_\_\_  
 Reminder, deposits from chaperones/adults over required \_\_\_\_\_ will need to be made into the 850 (club) funds for trip payment

ADMISSION/REGISTRATION	Acct #	\$
XXX.6XX.1000.6890.XXX.000.XXXX.00	_____	_____
XXX.6XX.1000.6580.XX	_____	_____
_____ (MPS & Non-MPS)	_____	_____
_____	_____	_____
FOOD/HOTEL	Acct #	\$
XXX.6XX.2190.6890.XXX.000.XXXX.00 Student	<u>8888</u>	<u>48.00</u>
_____	_____	_____
XXX.6XX.2190.6580.XXX.000.XXXX.00 All Chaperones (MPS & Non-MPS)	<u>8888</u>	<u>48.00</u>
_____	<u>7777</u>	<u>24.00</u>
_____	_____	_____
AIRLINE TICKETS/CHARTER BUSES	Acct #	\$
XXX.400.2700.6519.XXX.000.XXXX.00	_____	_____
_____	_____	_____
CAR & VAN RENTAL	Acct #	\$
XXX.6XX.1000.6440.XXX.000.XXXX.00	_____	_____
_____	_____	_____
GASOLINE (Cash Envelope Request)	Acct #	\$
XXX.400.2700.6626.XXX.000.XXXX.00	_____	_____
_____	_____	_____
Misc Trip Expenses (Cash Envelope Request)	Acct#	\$
XXX.610.1000.6890.XXX.000.XXXX.00	_____	_____

SAMPLE

2 student meals @\$24 each, ECA Allowable event

2 adult meals @ \$24 each (male/female required. ECA Allowable

1 additional adult (parent, non-required). Adult paid their own costs into the club account through in-touch

AUTHORIZING SIGNATURES

TRIP COORDINATOR: Tina Gooder  
 (please read and initial)

TG As Trip Coordinator, I acknowledge that ALL non-required Chaperone(s) have been approved, fingerprinted (if applicable), and will pay their own trip costs, either into a MPS Club (850) account through an In-Touch deposit or directly to the vendor. I am aware I may be personally responsible for payment if trip costs failed to get paid.

TG As Trip Coordinator, I acknowledge that for cash envelope requests, I am responsible for all cash, receipts, and the return of the completed signed cash envelope by date due.

Administrator: Carol Alexander

**DISTRICT USE ONLY:**

Approval Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

C/E Date: \_\_\_\_\_

C/E Due Date: \_\_\_\_\_

Ck#: \_\_\_\_\_

Date: 7/8/2020

Please note: Travel Coordinator and Administrator are the only signatures needed for this form. Request should match the approved amounts listed on your "Student Activity Expense Approval" form which has all the approved expenses and appropriate signatures and meeting minutes for your trip. If this form exceeds already approved amount(s) an increase to the "Student Activity Expense Approval" form will need to take place.