

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

EXPENSE APPROVAL # _____
(to be completed by the StuAct Department)

SCHOOL: _____

Date Received: (Entered by school travel secretary) _____

STUDENT GROUP TRAVELING: _____ TRIP/ACTIVITY EVENT: _____

Certified Employee Supervising the trip/event/activity: _____ Contact Ph#: _____

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: _____ NO

Agency Contact Name: _____ Contact Ph# _____

How many payments are required? _____ Date Due: _____ Amount: _____

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.

Date Due: _____ Amount: _____

Date Due: _____ Amount: _____

Date of trip/activity/event: FROM _____ TO _____ Destination: _____

Funds (select all) ECA CLUB Other _____ 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
(complete google link)

Is "other" paying for STUDENT ADULT

TRIP/ACTIVITY/EVENT ACCOUNT #(S)

Number of Students _____ Number of MPS Employees _____ Number of Non-MPS Employees _____

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: \$ _____ COST PER ADULT/CHAPERONE: \$ _____

TRANSPORTATION COSTS \$ _____ (bus, rental vehicle, taxi, gas, airfare, parking fees) Acct # _____ \$ _____ / Acct # _____ \$ _____	HOTEL/MOTEL COSTS \$ _____ Acct # _____ \$ _____ / Acct # _____ \$ _____
MEAL COSTS \$ _____ Reminder: request for meal limits using ECA or Athletic funds are: \$7.00 Breakfast, \$10.00 Lunch, \$17.00 Dinner Acct # _____ \$ _____ / Acct # _____ \$ _____	ADMISSION/REGISTRATION COSTS \$ _____ Acct # _____ \$ _____ / Acct # _____ \$ _____ Are you receiving complimentary admission passes? Yes No If yes, How many? _____
SUB COSTS \$ _____ (Sub costs may differ with dept funded) (Please note: \$107.65 per full day x day(s) needed) Acct # _____ \$ _____ / Acct # _____ \$ _____	Complimentary passes can only be used on the required chaperone ratio. Any additional passes will need to be applied to the student admission costs.

TOTAL Expected Cost Of Trip/Activity/Event: \$ _____

Don't forget to complete the travel req for PO's & Cash Envelopes needed for your trip

Date of Superintendent's approval IF overnight & Out-Of-State _____

AUTHORIZING SIGNATURES

SIAC Min Date _____
(General ECA 8002 and/or Overnight & Out-of-State Travel)

Student Club Officer: _____ Student Council Officer: _____

Club/Sponsor Advisor: _____ Student Council Advisor: _____

Club Sponsor Phone #: _____ StuCo Meeting Minutes Date: _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____

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

SEND COMPLETED FORM WITH STUCO MINUTES AND/OR SIAC MINUTES TO THE STUDENT ACTIVITIES DEPARTMENT