Wellsboro Area School District
Field Trip Transportation Request Form

Teacher: CHARLES, MICHAEL G. **School:** HIGH SCHOOL AND MIDDLE SCHOOL

No. of Students: 3 **Adults:** 3 **Class or Organization:** FUTURE BUSINESS LEADERS OF AMERICA

Date of Trip: 10/29-10/30/2023 **Destination:** KALAHARI POCONO MANOR PA **Total Miles:** 312 (ROUND TRIP)

Estimated Departure Time: 6:30AM 10/29/2023 **From:** HIGH SCHOOL

Estimated Return Time: 6:00PM 10/30/2023

Meal Plans (if applicable): NONE (MEALS ARE ON OWN)

Is school bus transportation required? Yes (No) **How many?**____

Will a coach bus be required? Yes (No) **How many?**____

Are private cars to be used? (Yes) No **If yes, how many?** 2

Who are the drivers? MICHAEL CHARLES, SUSAN GAGE

Are all of the cars to be used covered by at least $50,000- $100,000 (preferably $100,000-$300,000) of insurance, and do you have proof? (Yes) No

- **The district is requested to pay $** 480.00 * **out of the total cost of $** $1,133.33
- **Account Code Number:** _____

- **If the district is NOT expected to pay all of the costs, what other funds are to be used?** FBLA ACTIVITY FUND **Account Code, if appropriate:** _____

Notes: TOTAL COST OF $1,133.33 WAS PAID BY MICHAEL G. CHARLES PERSONALLY. REIMBURSEMENT IS REQUESTED FROM FBLA STUDENT ACTIVITY ACCOUNT.

X For overnight field trips, a list of students is attached.
X A brief itinerary/ description is attached.

> SEE ATTACHED FBLA REGISTRATION DOCUMENTS

* MEALS: $30.00/DAY × 3 STUDENTS × 2 DAYS
* REGISTRATIONS: $50.00 × 3 STUDENTS
$50.00 × 3 ADVISERS/CHAPERONES

Signature of Teacher _____ Date Submitted: 10/2/2023
Principal's Approval: _____ Date: _____
Superintendent's Approval: _____ Date: 10/6/23
Rec'd by Transportation Coord: _____ Date: _____
Estimated Cost: _____ Bus Contractor: _____

Distribution: _____ Original-Superintendent/ Transportation Coord. _____ Copy 2- Bldg. Secretary
_____ Copy 1- Business Office (SS, FS, AA) _____ Copy 3- Faculty Member