

Request for Extended Travel

(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)

NAME: Lesley Bossert DATE: March 8, 2012 DEPT: Choir

PURPOSE: American Choral Director's Association (ACDA) - All Northwest Honor Choir

DISTRICT BENEFIT: As an extension of Parkrose's choral program, after participating in the OMEA All State Honor Choir in Oregon, four of our choir students (Adam Moultrie, Nadison Kannan, Judy Dan & Emma Brent) are now participating in the ACDA's All Northwest Honor Choir comprised of the six northwest states.

TRAVEL DETAILS: 1. DESTINATION: Seattle, WA – All NW Honor Choir Comp
2. TRAVEL DATES: March 15 – March 18, 2012

| <u>ESTIMATED EXPENSES:</u> | <u>DESCRIPTION</u> | <u>COST</u> |
|----------------------------|--|-------------|
| • TRAVEL | Mileage 344 miles @ \$.585 | \$201.00 |
| • MEALS | Breakfast included in student fee | - |
| | \$15 lunch/dinner per diem x 5 x 4 days | \$300.00 |
| • LODGING | Student Lodging Included in Regis. Fee | - |
| | Choral Director Lodging Fee, 3 nights | \$437.00 |
| • REGIS/FEES | \$320 registration per student x 4 students: | \$1,280.00 |
| | Choral Director/School Registration: | \$245.00 |
| • SUBSTITUTE | 2 days of substitutes | \$414.00 |
| • OTHER | | |

TOTAL: \$2,877.00

BUDGET SOURCE(S):

| Source | Budget Code | Amount |
|--|---------------------------|----------|
| GENERAL FUND: activities | General fund for sub days | \$414.00 |
| OTHER: Choral Director registration and lodging from Principals Fund | 100.1132.0641.931.250.000 | \$682.00 |
| OTHER: Activities Travel/ Expenses to pay for mileage and per diem | 100.1132.0342.931.250.000 | \$501.00 |
| OTHER: Student registration from Principals Fund | 100.1132.0641.931.250.000 | 1,280.00 |

TOTAL: \$2,877.00

mm 3/8/12

SUPERVISORS RECOMMENDATION AND COMMENTS:

Annual event.

SUPERVISOR SIGNATURE:

Ana A. Myers

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

An honor to earn the
right to compete on a
statewide level. + Grant
3/9/12

BOARD ACTION:

NOT-REQUIRED ___ REQUIRED ___ APPROVED ___ DISAPPROVED ___ DATE: ___

I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE
BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE:

Lesley Anne Bossert

DATE:

3-8-12