Harleton
Independent School District

Jay Ratcliff
Superintendent

HARLETON ISD
FIELD TRIP REQUEST FORM

Employee Requesting: Gwen Wright

Class or Organization Attending: Science Department JH + HS

Location of Trip: Houston, TX

Purpose of the Trip: Conference for Advancement of Science Teaching (CAST)

Date Leaving: 11/11 (After School) **Time Leaving:** _____

Date Returning: 11/14 (Sat) **Time Returning:** _____

Approximate Number of Students Attending: 0

Number of Chaperones/Teachers: 4 **Number of Buses:** 1 Van

Chaperone/Teacher Names: Margaret Cantrell, Wright Irvine **Bus Drivers:** _____

Estimated Cost per Student $ _____ **Student or School Funded** _____

If School Funded, Account Code: _____ **Purchase Order Entered:** _____

Transportation Request Emailed: ✓ **Purchase Order Amount:** _____

Deposit Required: $ _____ **Credit Card or Check:** ___ **Paid:** _____ **Bal. Due:** _____

Additional Information: Total Cost $1,883

Principal's Signature: Crystal Bruce **Date:** 10/8/24

Superintendent's Signature: _____ **Date:** _____

OVERNIGHT OR OUT OF STATE TRIPS MUST HAVE BOARD APPROVAL

Board Approval: **Yes** _____ **No** _____ **Date:** _____

TRAVEL REQUEST AUTHORIZATION FORM

(PLEASE PRINT CLEARLY)

TO: Crystal Brock
Principal/Department Head

DATE: 10/2/2024

FROM: Melinda Ready Gwen Knight / Jennifer Haggett
Attendee

CAMPUS/ DEPARTMENT: High School / Jr. High

HOME ADDRESS: 348 Smyrna Cutoff
Diana TX 75640

NOTE: IF REGISTRATION IS ALL THAT IS REQUESTED, SIMPLY SUBMIT THIS FORM WITH PROPER DOCUMENTATION ATTACHED TO A REQUISITION.

Convention/Conference Name	CAST Conference for the Advancement of Science Teaching
Destination	Houston TX
Convention dates	Nov 12-14
Date Leaving	Nov 11 (After school)
Date Returning	Nov 14 (SAT)
Number of Duty Days Involved	2

*CPE credit hours earned

ESTIMATED EXPENDITURES:

$	Transportation AIR____ AUTO____ OTHER Van
	Riding with Haggett / Cantrell / Bentley / Irvine
$ 588.00 $392.00	Estimated miles @ ___ cents per mile _____
$ 456.00	Lodging Sharing room with _____
$ 1,035.00	Meals
$ 1,079 $1,883	Registration
	Total

TRAVEL AUTHORIZATION REQUEST FORM MUST BE ATTACHED TO A REQUISTION AND SUBMITTED TO THE BUSINESS OFFICE VIA SKYWARD AT LEAST <u>10 DAYS</u> PRIOR TO REGISTRATION.

APPROVED: Crystal Brock
Principal/Department Head