Request for Extended Travel

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

NAME: Lesley Ann Bossert DATE: February 8, 2013

DEPT/BUILDING Parkrose High School

PURPOSE: Tour – This year the Parkrose High School A-Choir and Treble Choir will make their annual singing tour to Oahu, Hawaii. The purpose of this trip is to introduce several performance venues to the choir students, including the USS Arizona Memorial, the Royal Hawaiian Center and Germaine's Luau. They will also have the opportunity to visit the Pacific National Monument preserves. The tour includes stories of the Pacific War, including the events at Pearl Harbor, the internment of Japanese Americans, the battles in the Aleutians, and the occupation of Japan. Students will also have the opportunity to visit famous landmarks including Hanuma Bay and Diamond Head.

DISTRICT BENEFIT: The students will be representing Parkrose High School at several different venues. The district benefits by giving students the opportunity to learn in a historic environment. The choir students do an amazing job showcasing Parkrose High School.

TRAVEL DETAILS: 1. DESTINATION: Oahu, Hawaii

2. TRAVEL DATES: May 24-27, 2013

ESTIMATED EXPENSES:	<u>DESCRIPTION</u>	<u>COST</u>
TRAVEL, MEALS, LODGING, AND	Tour price includes: Round trip	\$865.00 per student
FEES	airfare on Alaska, airport	51 students and
	transfers, 3 nights	chaperones
	accommodations, including tax	Total = \$44,115
	and bag fees, sightseeing tours	
	and admissions.	
	Includes all items in the tour	
Fees for director and chaperon	price.	
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• SUBSTITUTE		\$217.00
• OTHER		

TOTAL: \$44,332.00

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BUDGET SOURCE(S):

S	ource	Budget Code	Amount
• GENERAL	FUND:		
• WORKSHO	P FUNDS:		
OTHER: L	esley Bossert is paying		\$217.00
for her own	sub.		
• OTHER: P	arent, student	ASB A-Choir account- Students, parent	51@\$865.00
fundraisers		contributions - \$865.00	

TOTAL: \$44,322.00 SUPERVISORS RECOMMENDATION AND COMMENTS: SUPERVISOR SIGNATURE: SEND FORM TO SUPERINTENDENT/DESIGNEE: SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS: **BOARD ACTION:** NOT-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:**