Locating the CCS 3320 Form - On the CCS website, look at the top right side of the screen. Click on the 'Departments' tab then "Administrative Services' in the drop down menu. You will be redirected to the Administrative Services home page. Then look at the menu located on the left side of the screen click on 'Documents'. There you will find the CCS 3320 Request for Approval of Overnight and/or Out-of-State Student Travel.

<mark>* Please always access the form via the CCS website so that you will always be using the most up to date version of the form* (you should be able to locate the last update date on the top right side of the form*</mark>

Once you have downloaded the form please **TYPE** the following information :

School: _____ Requested by: _____

Event Name: _____ Organization / Group: _____

Dates of Travel: _____ Departure Time: _____ Return Time: _____

Destination (include city and state): _____

Trip Purpose (Relation to Curriculum or Athletics): _____

Number of Students Going: _____ Days out of School: _____

Number of Employees/ Chaperones Going: _____ (must meet minimum 1:10 ratio)

Lead Chaperone: _____ Cell: _____

Lodging Location: _____ Lodging Phone: _____

Funding Source (s): _____ Applicable Budget Code: _____

- School - Type the schools name
- Requested by - Type the name of the employee requesting the travel (no nicknames, this must be your official payroll name)
- Event Name - Type the name of the event - if there is no official name please describe the event if 1-5 words
- Organization / Group - Type the name of the Organization / Group hosting the event
- Dates of Travel - Type the date you are starting the trip and the date you are ending the trip
  - If it is a day trip only one date is needed
  - If it is an overnight trip you will need the date you are leaving and the date you are returning
- Departure Time / Return Time - Type your estimated time of departure and arrival times
- Destination - Type the destination of your travel
  - City and State are a minimum requirement, but type the full address id available
  - Trip Purpose - Type a short description explaining the need for the travel request
- Number of Students Going - Type the number of students going
  - We understand this number might change but please try to be as accurate as possible and do not ESTIMATE on this one, it can not be a range (i.e. 15 - 20)
  - If you must estimate, please estimate over, making sure you still meet the ratio
- Days out of School - Type the number of days the student will miss school
  - Some trips include weekends, we only need to know what weekdays the student will be missing
- Number of Employees / Chaperones Going - Type the number of employees / chaperones going
  - You MUST have 1 employee / chaperone to every 10 students going, failure to meet this ratio will result in a denial.
- Lead Chaperone - Type the name of the lead chaperone for this event
- Cell - Type the best contact number for the Lead Chaperone

Updated: 3/29/2023

- Lodging Location - If it is an overnight trip type the name AND location of the place you will be staying
- Lodging Phone - Type the best contact number for the place of lodging
- Funding Source (s) - Type the finding source(s)
  - This should include fundraisers, donations and parents if applicable
- Applicable Budget Code -Type the full budget code here
  - This cannot be left blank and may or may not match the funding source
  - This number will not be provided by the Administrative Services department, it is **REQUIRED** on the form **BEFORE** it is sent for signatures.

Estimated Cost - This is NOT a reimbursement form, but please note that if asking for reimbursement nothing over the amount on this form will be approved.

OVERESTIMATE!!! There should never be any cents in any of these fields!

* DO NOT BOOK OR REGISTER FOR ANYTHING YET! After all the needed signatures confirm your approval for travel, then and ONLY THEN can you start registering, and booking your hotel. *

ESTIMATED COST – This is NOT a reimbursement form.	Amount Paid Per Student	Amount Paid Per Chaperone	Amount Paid by Funding Source
Estimated Registration Fee:			
Estimated Cost of Airfare:			
Estimated cost of Ground Transportation:			
Estimated Cost of Meals:			
Estimated cost of Hotel / Motel:			
Substitute Teacher (s): ☐ Yes ☐ No			
Other (itemized additional estimated expenses here)			
Total Estimates Cost			

Transportation: ☐ Activity Bus ☐ School Bus ☐ Approved Charter ☐ Other: _____

Charter Bus Company Name & Phone Number: _____

The 'Amount Paid **Per** Student' column is for estimating cost to the student directly, if a student would not be expected to pay for it then it should not go in this column.

The 'Amount Paid **Per** Chaperone " column is for estimating cost to the chaperone directly (whether the chaperone is a CCS employee or a volunteer), if a chaperone would not be expected to pay for it then it should not go in this column.

The ' Amount Paid by Funding Source' column is for estimating the cost to the funding source (s). This column does not need to be broken down per person and should include an estimated cost for the entire event ***excluding what is paid for by the student / chaperone***

'Total Estimated Cost' at the bottom of the table *should* calculate for you. If it does not, you **cannot** hand write it please contact the Beck Daquila in Admin Services and let them know the online form is not calculating correctly.

Example : The registration fee is $20.00 per student and you have 20 students going
- If the student is paying - $20.00 would go in the "Paid Per Student" column
- If the funding source is paying - $400.00 ($20.00 X 20 students going) would go in the "Paid by Funding Source' column

- If you put $20.00 in the "Paid Per Student" column **AND** $400.00 in the "Paid by Funding Source' column that is **incorrect** and may result in the form needing to be re-submitted.

● Registration Fee - Type the most it could reasonably be in the applicable column
● Cost of Airfare - Type an amount (and overestimate) in the applicable column
  ○ We understand prices can change daily, but once the form is approved the amount cannot be changed due to a rate increase (usually closer to the date of the event)
● Cost of Ground Transportation - Type an estimated amount (total miles X current mileage reimbursement rate + round up) based on the miles to and from the event in the applicable columns.
  ○ If it is going to take 100 miles to get there and 100 miles to get back, that is 200 total miles X $.655 (current mileage reimbursement rate) = $131.00. I would put an estimate of at least $200 to give you a little wiggle room in case the mileage rate increases.
● Cost of Meals - If you expect to be reimbursed for any meals relating to this trip type your total estimated amount in the applicable column
● Meals - if you expect to be reimbursed for any meals relating to this trip type your total estimated amount here and overestimate.
  ○ Meal reimbursement max is $39.40 per day in-state and $42.10 per day out-of-state.
  ○ Breakfast if traveling before 6 AM
  ○ Lunch reimbursement requires an overnight stay and applies to all days of travel
  ○ Dinner if returning after 8 PM
  ○ If receipts are submitted they will be paid for the lesser of the receipts or per diem rate.
● Cost of Hotel / Motel - Contact the hotel to get an estimate for daily room rate and then type the overestimated cost in the applicable column.
  ○ You will need to include taxes and fees in your estimate.
● Substitute Teacher(s) - if any employees attending the event will need a substitute for their class type the total estimated expense (days needed X $125.00) in the applicable column.
● Other: This is where you would put luggage check in fees, bus / rental refills, or anything that is not specified above that you will need reimbursed in the applicable column.
  This cannot be handwritten, it must also be typed.
● Transportation : Check the box to the LEFT of the option you are using for the trip
  ○ If 'other' is checked please clarify which method of transportation you will be using.

Now you can PRINT (make sure it all prints on one page)

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Requestor Signature: _____    Date: _____

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☐  I have read and am in compliance with Board of Education Policy 3320 and Administrative Guideline 3320AG as related to 1:10
   Chaperone/Student Ratio, Approved Transportation, and No Student Denied for Financial Reasons.

Circle One:   Approved   Denied   _____    Date: _____
                                   Principal Signature

Principals: Check the appropriate level Assistant Superintendent or County Athletic Director and forward for approval.
         ☐ Level Assistant Superintendent              ☐ Athletics – County Athletic Director

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Circle One:   Approved   Denied   _____    Date: _____
                                   CCS Level Assistant Superintendent or County AD Signature
                                   (Required for all Overnight and/or Out-of-State Travel)

Circle One:   Approved   Denied   _____    Date: _____
                                   CCS Deputy Superintendent Signature
                                   (Required for all Overnight and/or Out-of-State Travel)

Circle One:   Approved   Denied   _____    Date: _____
                                   Superintendent Signature
                                   (Required for all Out-of-State Travel)
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- Employee Signature - The employee requesting the approval must sign and date
      The employee must also check the ' I Have Read' statement
- Principal Signature - The principal of the school requesting the travel must sign and date
  (make sure they also circle the box that says approve AND check the approval level box)
- CCS Level Assistant Superintendent or County AD Signature - Required for Overnight
  Request and/or Out-of-State Travel
- Cabinet Member Signature - Required for Overnight Request and Out-of-State Travel
- Superintendent Signature - Required for Out-of-State Travel

Once you have all the appropriate signatures you can get, submit to Victoria Roberts at the Ed Center
for the additional signatures - Best practice is to email a copy of the filled out form to Victoria so it can
quickly be checked for anything that needs to be fixed before the original is sent via courier.

**ANYTHING THAT NEEDS TO BE SIGNED BY A CABINET MEMBER AND/OR THE
SUPERINTENDENT MUST BE AN ORIGINAL COPY WITH NO HANDWRITING (OTHER THAN
SIGNATURES/ DATES) AND NO CORRECTIONS AFTER IT WAS PRINTED. FAILURE TO
PROVIDE AN ORIGINAL COPY WILL RESULT IN A REQUEST FOR THE FORM TO BE
RESUBMITTED IN THE CORRECT MANNER.**

- Once all of the needed signatures are on the CCS 3320 Form, Victoria will make a copy for
  Admin. Services records, email that copy to the treasure of the school making the request, CC
  the employee listed on the form and then send the original copy back to the school.

- If you will be needing a reimbursement after the activity, the Travel Reimbursement Forms are
  due to Victoria, at the very latest, by the 10th of the following month of travel.

  * Victoria must turn them in to finance by the 15th, and finance will deny any late
  reimbursements. This will give time to get the needed signatures for reimbursement. Please
  also be mindful that weekends may affect this deadline*

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