

**Provo City School District
Policy Series 6000: Finance and Operations**

6580 F1

Camps, Clinics, and Related Activities

School-Sponsored Approval

School: _____ Team / Activity _____

Dates of Camp/Clinic: _____ Camp/Clinic Fee _____

Time Schedule for Camp/Clinic: _____ Total hours of Camp/Clinic _____

Faculty member in charge: _____

Total - participants expected? _____ - paying participants expected? _____

District Employees	Pay/Hr.	Hours	Non-District Employees	Pay
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Costs

Estimated Total Cost \$ _____ Estimated Revenue \$ _____

Is travel / overnight approval needed? _____ If so, was it approved? _____

Faculty / Coach Signature Date Principal Signature Date

The financial secretary must receipt all money collected.

Financial Summary (after event)

District Employee wages & benefits \$ _____ Total Revenue \$ _____

Non-district Employee expenditure + \$ _____ Total Cost - \$ _____

Materials & supplies + \$ _____ Excess Revenue \$ _____

Which school program will receive extra funds? _____

I hereby certify that all funds have been appropriately accounted for.

Faculty / Coach Signature	Date	Principal Signature	Date
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Camps & Clinics Payroll Employee Calculation

Wages for District Employees

Name _____ Hours Preparation _____
Teaching _____
Total hours _____

Name _____ Hours Preparation _____
Teaching _____
Total Hours _____

Name _____ Hours Preparation _____
Teaching _____
Total Hours _____

Total Employee Hours _____ Hourly Rate _____

Total Employee Wages _____ (x.3)Benefits _____

Total Payroll Charged to the School _____

Paid to Non-Employee

Non-Employee _____ Amount Paid _____

Non-Employee _____ Amount Paid _____

Non-Employee _____ Amount Paid _____

Total Non-Employee expenditure _____

Adopted: August 1, 2013