## AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

## **ORIGINAL SUBMISSION**

## THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: District Offices				
ESTIMATED NUMBER OF ST	ΓUDENTS: <u>3</u>			
NAME OF SCHOOL GROUP/	CLUB/ENTITY: Arizona Yo	outh Partnership		
STAFF ADVISOR(S)/CHAPERONES: David Goldberg and Julie Cota				
ABSENCE: # Days 4 Sub Re	quired: 🗌 Yes 🛮 🔀 No	# of School Days Missed 0		
ACTIVITY / EVENT / PURPOSE OF TRAVEL: <b>To attend the National SADD Conference</b>				
DESTINATION OF TRAVEL:	<u>Pittsburgh, Pennsylvania</u>			
DATES OF TRAVEL: <u>6/26-29</u> ACADEMIC BENEFITS TO activities.		will attend workshops and teambuilding		
PROPOSED METHOD OF TRA  ☐ District-owned vehicles  Transportation approval:  ☐ Other				
Are expenses paid from any of the Parent Organization	he following accounts? Auxilia	ary Tax Credits Club Funds		
EXPENSES REQUE	STED: (OBTAIN RECEIPT	S FOR ALL INCURRED EXPENSES)		
	APPROX. COST	BUDGET CODE		
Registration		expenses paid by AZYP		
Transportation		expenses paid by AZYP		
Meals		expenses paid by AZYP		
Lodging		expenses paid by AZYP		
Substitutes				

	ICT RECEIVE REIMBURSEMENT? AMOUNTS:	
HOW ARE CHAPI	ERONE EXPENSES PAID?	
COST TO EACH S	TUDENT \$ 0	
HOW IS THIS TR PROVISIONS)?	AVEL MADE AVAILABLE TO ALL ELIGIBLE STU	DENTS (LOW FAMILY INCOME
FUNDING SOURC	E(S):	
FUNDRAISING AC	CTIVITIES PLANNED (If applicable):	
The travel is necessar	ary for the implementation of the project funding the trave	el.
SUBMITTED BY:	Signature Signature	6/20/2016 Date
APPROVED BY:	Principal/Supervisor	Ul2Olle Date
-	Irain Kelson	ulzoli6
	Associate Superintendent/Superintendent	Date