

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: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 24

NAME OF SCHOOL GROUP/CLUB/ENTITY: **IRHS Model United Nations**

STAFF ADVISOR(S)/CHAPERONES: **Erik Wolf**
Parent chaperones: Vilmarys Sierra and Dennis Morales

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Berkeley Model United Nations Conference**

DESTINATION OF TRAVEL: **Berkeley, CA**

DATES OF TRAVEL: **March 6-9, 2014**

ACADEMIC BENEFITS TO STUDENTS: **Model United Nations is an opportunity for students to debate real-world issues with others from all over the country and occasionally, other nations. They have to research extensively so as to properly represent their assigned country as an UN ambassador and then take part in writing all-encompassing resolutions to problems that plague the international community. Team and student performances are adjudicated and awards are received at the end of the conference.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **air, shuttle**

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Club Funds
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$1,000.00</u>	<u>526/850-00-100-1001-280-6892</u>
Transportation	<u>\$12,000.00</u>	<u>526/850-00-100-1001-280-6519</u>
Meals	<u>\$600.00</u>	<u>526/850-00-100-1001-280-6892</u>

Lodging	<u>\$3,600.00</u>	<u>526/850-00-100-1001-280-6892</u>
Substitutes	<u>\$108.50</u>	<u>530-00-100-3400-280-6113</u>
TOTAL	<u>\$17,308.50</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? none needed

IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? pay their own way and partially from club funds

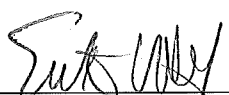
COST TO EACH STUDENT \$ \$100 if enough tax credits are not brought in by the individual student

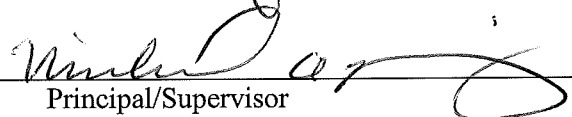
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Those unable to pay are granted additional fundraising options or asked to be more vigilant in raising the amount needed to off-set the cost to each student. Additionally, some students raise in excess of their required threshold so as to help others who are unable to meet their financial requirements

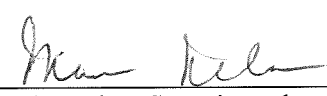
FUNDING SOURCE(S): tax credits, club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

car washes, candy sales, corporate donations, restaurant nights (i.e., Chipotle), among others

SUBMITTED BY:  1-24-14
 Signature Date

APPROVED BY:  1.22.14
 Principal/Supervisor Date

 1/30/14
 Associate Superintendent/Supervisor Date

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SCHOOL: IRHS

ESTIMATED NUMBER OF STUDENTS: 12

NAME OF SCHOOL GROUP/CLUB/ENTITY: Track

STAFF ADVISOR(S)/CHAPERONES: Rob Clouse and Gary Forrest

ABSENCE: # Days 3 Sub Required: Yes No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Track Meet at Arcadia Invitational

DESTINATION OF TRAVEL: Arcadia, CA

DATES OF TRAVEL: 4/11-13/2014

ACADEMIC BENEFITS TO STUDENTS: Students will increase their chances for college scholarships by competing against out of state opponents.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: Car Rental

Other Hertz Rental Car

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Club Funds
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$ 388.00</u>	<u>526/850-00-100-1001-280-6892</u>
Transportation	<u>\$ 770.00</u>	<u>526/850-00-100-1001-280-6519</u>
Meals	<u>\$ 750.00</u>	<u>526/850-00-100-1001-280-6892</u>
Lodging	<u>\$1,420.00</u>	<u>526/850-00-100-1001-280-6892</u>
Substitutes	<u>\$ 108.50</u>	<u>530-00-100-3400-280-6113</u>
TOTAL	<u>\$3,436.50</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **N/A**
IF SO, SOURCE & AMOUNTS: _____

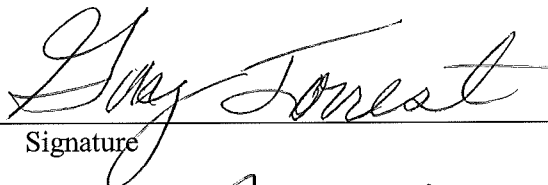
HOW ARE CHAPERONE EXPENSES PAID? **Not Paid**

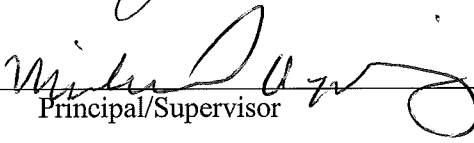
COST TO EACH STUDENT \$ **280.00**


HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **We have funds to accommodate athletes unable to pay**

FUNDING SOURCE(S): **Tax Credit/Club Funds**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
None

SUBMITTED BY:  **1/28/14**
Signature Date

APPROVED BY:  **1.28.14**
Principal/Supervisor Date

 **2/3/14**
Associate Superintendent/Superintendent Date

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SCHOOL: **CDO**

ESTIMATED NUMBER OF STUDENTS: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Academic Decathlon**

STAFF ADVISOR(S)/CHAPERONES: **Chris and Elethia Yetman**

ABSENCE: # Days 8 Sub Required: Yes No # of School Days Missed 5

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **National Academic Decathlon Finals**

DESTINATION OF TRAVEL: **Honolulu, HI**

DATES OF TRAVEL: **April 20 - 27, 2014**

ACADEMIC BENEFITS TO STUDENTS: **Academic Competitions**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: **Pending**

Other **Commercial Airlines**

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Yes Club Funds Yes
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>0</u>	_____
Transportation	<u>\$7000</u>	<u>850/526-00-100-1001-282-6515/6519</u>
Meals	<u>\$2000</u>	<u>850/526-00-100-1001-282-6892</u>
Lodging	<u>\$7000</u>	<u>850/526-00-100-1001-282-6892</u>
Substitutes	<u>\$1000</u>	<u>850/526-00-100-1001-282-6113</u>
TOTAL	<u>\$17000</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? Yes
IF SO, SOURCE & AMOUNTS: Arizona Academic Decathlon, \$4500

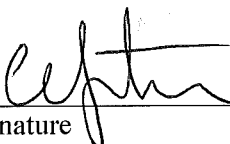
HOW ARE CHAPERONE EXPENSES PAID? Club funds, Tax Credit

COST TO EACH STUDENT \$ 500

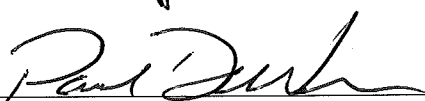
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Tax Credit Funds

FUNDING SOURCE(S): N/A


FUNDRAISING ACTIVITIES PLANNED (If applicable):
N/A

SUBMITTED BY: 
Signature

01/15/14
Date

APPROVED BY: 
Principal/Supervisor

1/17/14
Date


Associate Superintendent/Superintendent

1/23/14
Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

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ORIGINAL SUBMISSION

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 18

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Engineering

STAFF ADVISOR(S)/CHAPERONES: Jim Colgan / Andrea Robins

ABSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: FIRST Robotics World Competition

DESTINATION OF TRAVEL: St Louis, Missouri

DATES OF TRAVEL: 4/22/2014 - 4/26/2014

ACADEMIC BENEFITS TO STUDENTS: FIRST Robotics World Competition offers an opportunity to compete at the highest level with robotics teams from around the world. There are numerous scholarship and professional opportunities that stem from the competition.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other air

Are expenses paid from any of the following accounts? Auxiliary Tax Credits Club Funds
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>5,000</u>	<u>525-00-100-1001-282-6892</u>
Transportation	<u>adult - 1200</u>	<u>400-14-270-2190-282-6582</u>
	<u>student - 10,800</u>	<u>850-00-100-1001-282-6519</u>
Meals	<u>adult - 600</u>	<u>400-14-270-2190-282-6582</u>
	<u>student - 2,700</u>	<u>526/850-00-100-1001-282-6892</u>
Lodging	<u>adult - 1,000</u>	<u>400-14-270-2190-282-6582</u>
	<u>student - 2,400</u>	<u>526/850-00-100-1001-282-6892</u>
Substitutes	<u>400</u>	<u>400-14-270-2190-282-6113</u>

TOTAL

\$24,100

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **no**
IF SO, SOURCE & AMOUNTS: _____

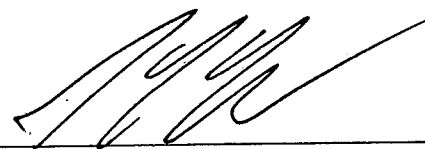
HOW ARE CHAPERONE EXPENSES PAID? **CTE**

COST TO EACH STUDENT \$ **400**

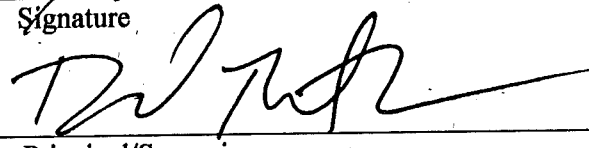
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **club funds**

FUNDING SOURCE(S): **club funds, CTE support, tax credit, corporate donations**

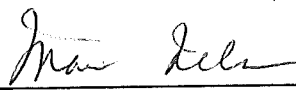
FUNDRAISING ACTIVITIES PLANNED (If applicable):
ongoing

SUBMITTED BY: 
Signature

1/17/2014
Date

APPROVED BY: 
Principal/Supervisor

1/17/2014
Date


Associate Superintendent/Superintendent

2/3/14
Date

AMPHITHEATER PUBLIC SCHOOLS
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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 12

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Odyssey

STAFF ADVISOR(S)/CHAPERONES: Cymry DeBoucher, Kitt Leonard, Bob and Kathy Cramb

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Odyssey of the Mind World finals

DESTINATION OF TRAVEL: Ames, Iowa

DATES OF TRAVEL: May 27, 2014 - June 1, 2014

ACADEMIC BENEFITS TO STUDENTS: Students will participate on a global level in creative problem solving competition which meets Common Core, 21st Century and NAGC standards

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: Airlines and rental vans

Other _____

Are expenses paid from any of the following accounts? Auxiliary Tax Credits Club Funds
Parent Organization

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>10,800.00</u>	<u>526/850-00-100-1001-282-6892</u>
Transportation	<u>12,800.00</u>	<u>526/850-00-100-1001-282-6519</u>
Meals	<u>1400.00</u>	<u>526/850-00-100-1001-282-6892</u>
Lodging	<u>NA</u>	_____
Substitutes	<u>NA</u>	_____
TOTAL	<u>25,000.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **No**
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? **Through tax credit and club funds**

COST TO EACH STUDENT \$ **2084.00**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **parent organization and donations from the community, CDO stugo scholarship process**

FUNDING SOURCE(S): **REACH department, Odyssey club and tax credits, CDO tax credits and parent organization**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Spontaneous workshop and tax credit drive

SUBMITTED BY: Cymry DeBouche 1/14/14
Signature Date

APPROVED BY: Paul D. W. 1/14/14
Principal/Supervisor Date

John Hill 1/23/14
Associate Superintendent/Superintendent Date

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

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

EMPLOYEE(S): Dawn Polcyn

SCHOOL: Cross Middle

Department (opt.): _____

DATE(S): 2/17/14-2/21/14

ACTIVITY/EVENT: National Association of School Psychologists annual convention.

LOCATION: Washington, DC

ABSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 3

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$239.00</u>	<u>001-00-100-2210-167-6360</u>
Transportation	<u>\$286.00</u>	Mode <u>Air/Metro</u> <u>Self-Pay</u>
Rental Car	_____	_____
Meals	<u>\$295.00</u>	<u>Self Pay</u>
Lodging	<u>\$387.00</u>	<u>Self Pay</u>
Substitutes	_____	_____
TOTAL	<u>\$1,207.00</u>	

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: Attend NASP annual convention and obtain information related to the field of school psychology.

Outcomes and academic benefits to students and staff: Will allow me to gain knowledge of new changes in the field of school psychology as well as information regarding new methods to apply while working with students at my school. These informational sessions are directly related to my job as a school psychologist as well as directly related to our school improvement plan. Information learned at this convention will be shared with the staff at my school as well as with the other school psychologists in the Amphitheater school district.

Submitted by: Dawn Polcyn 1/28/14
Signature Date

Andrew Heimer 1/28/14
Principal/Supervisor Date

Wan Kell 2/5/14
Associate Superintendent/Superintendent Date