

**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: CDO

ESTIMATED NUMBER OF STUDENTS: 3

NAME OF SCHOOL GROUP/CLUB/ENTITY: Student Government

STAFF ADVISOR(S)/CHAPERONES: Samantha Burgin (Ironwood Ridge)

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Arizona Association of Student Councils Region 6
Vision Conference

DESTINATION OF TRAVEL: Hot Springs, Arkansas

DATES OF TRAVEL: June 20th-June 25th, 2019

ACADEMIC BENEFITS TO STUDENTS: Students engage in leadership workshops and training
for the duration of the conference

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Students fly with the Arizona Association of Student Councils; transportation is completely
arranged by AASC.

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$525</u>	<u>850-00-100-1001-282-6892</u>
Transportation	<u>included in overall cost</u>	<u> </u>
Meals	<u>included in overall cost</u>	<u> </u>
Lodging	<u>included in overall cost: \$3,075</u>	<u>850-00-100-1001-282-6892</u>

Substitutes n/a

TOTAL **\$3,600**

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

HOW ARE CHAPERONE EXPENSES PAID? Samantha Burgin from Ironwood Ridge is paying her own expenses

COST TO EACH STUDENT \$ \$1,200

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? If students need financial assistance, club funds will be made available to them.

FUNDING SOURCE(S): _____

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: Leraya Snider 04/24/19
Signature Date

APPROVED BY: [Signature] 5/2/19
Principal/Supervisor Date

Michael Byars 5/14/19
Associate Superintendent/Superintendent Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Auto Club

STAFF ADVISOR(S)/CHAPERONES: Jeremy Tarbet

ABSENCE: # Days 7 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Skills USA National Leadership Conference and Competition

DESTINATION OF TRAVEL: Louisville, KY

DATES OF TRAVEL: 6/23/19-6/29/19

ACADEMIC BENEFITS TO STUDENTS: This student will have the opportunity to compete at the national level using knowledge and skills obtained during his years in the auto technologies program. He will also have opportunities to network with other students and gain leadership training.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Air

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
	<u>\$170.00</u>	<u>526-00-100-1001-282-6892</u>
Registration	<u>\$170.00</u>	<u>596-00-311-2190-282-6360</u>
	<u>\$1884.00</u>	<u>596-00-311-2190-282-6582</u>
Transportation	<u>\$1884.00</u>	<u>526/850-00-100-1001-282-6519</u>
	<u>\$244.50</u>	<u>596-00-311-2190-282-6582</u>
Meals	<u>Student self-paid</u>	_____
	<u>included in travel package</u>	_____
Lodging	_____	_____

Substitutes \$0 _____

TOTAL **\$4352.50**

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

HOW ARE CHAPERONE EXPENSES PAID? **CTE**

COST TO EACH STUDENT \$ **Money for meals not included in travel package**

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

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

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: _____
Signature

Date

APPROVED BY: _____
Principal/Supervisor

5/13/19
Date

Associate Superintendent/Superintendent

5/14/19
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 5

NAME OF SCHOOL GROUP/CLUB/ENTITY: Early Childhood

STAFF ADVISOR(S)/CHAPERONES: Brande Golden, Rhonda Ellerd

ABSENCE: # Days 7 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Students are attending the National FCCLA
Leadership Conference and Competition

DESTINATION OF TRAVEL: Anaheim, CA

DATES OF TRAVEL: 6/29/19-7/5/19

ACADEMIC BENEFITS TO STUDENTS: Students will compete at the national level using the
skills and knowledge that they have gained through their years in the Early Childhood program.
They will gain leadership skills through workshops and have networking opportunities with
their peers from across the country.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Airline

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
	<u>\$190.00</u>	<u>260-19-325-2190-282-6360</u>
Registration	<u>\$2460.00</u>	<u>850-00-100-1001-282-6892</u>
	<u>\$1590.00</u>	<u>596-00-325-2190-282-6892</u>
	<u>\$400.00</u>	<u>596-00-325-2190-282-6582</u>
Transportation	<u>\$2400.00</u>	<u>526-00-100-1001-282-6892</u>
	<u>\$364.00</u>	<u>596-00-325-2190-282-6582</u>
Meals	<u>Students self-paid</u>	_____

	<u>\$1460.00</u>	<u>596-00-325-2190-282-6582</u>
Lodging	<u>\$3330.00</u>	<u>526-00-100-1001-282-6892</u>
Substitutes	<u>\$0</u>	_____
TOTAL	<u>\$12,194.00</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? **CTE**

COST TO EACH STUDENT \$ **Money for meals**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Scholarship and fundraising opportunities**

FUNDING SOURCE(S): **CTE, tax credits, club funds**

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: _____
 Signature

 Date

APPROVED BY: _____
 Principal/Supervisor

5/13/19
 Date

 Associate Superintendent/Superintendent

5/16/19
 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): Janele Roche
Cassidy Edwards
George Goodridge

SCHOOL: District Offices
Department (opt.): Interscholastic
DATE(S): June 23-27, 2019

ACTIVITY/EVENT: National Athletic Training Association Convention

LOCATION: Mandalay Bay Convention Center 3950 Las Vegas Blvd. Las Vegas, NV 89119

ABSENCE: # Days 5 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

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>\$750.00</u>	<u>001.00.620.2579.512.6360</u>
Transportation	<u>\$1,073.34</u>	Mode <u>Personal Car</u> <u>001.00.620.2579.512.6582</u>
Rental Car	<u>0</u> _____	
Meals	<u>\$688.50</u>	<u>001.00.620.2579.512.6582</u>
Lodging	<u>\$2,193.70</u>	<u>001.00.620.2579.512.6582</u>
Substitutes	<u>0</u> _____	
TOTAL	<u>\$4,705.54</u>	

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

Purpose of travel: Annual conference on current trends and practices for Athletic Trainers.

Outcomes and academic benefits to students and staff: Will provide training on current medical trends and updated research. This conference provides athletic trainers with 25 hours for certification and state license.

The travel is necessary for the implementation of the project funding the travel.

Submitted by: _____

Signature

Principal/Supervisor

Associate Superintendent/Superintendent

5/2/2019
Date

5/2/19
Date

5/2/19
Date

**AMPHITHEATER PUBLIC SCHOOLS
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EMPLOYEE(S): Jennifer Royer _____

SCHOOL: Prince
Department (opt.): _____
DATE(S): July 1-July 3, 2019

ACTIVITY/EVENT: Advancement Via Individual Determination (AVID) Summer Institute

LOCATION: Washington State Convention Center, 705 Pike Street, Seattle, WA 98101

ABSENCE: # Days 3 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

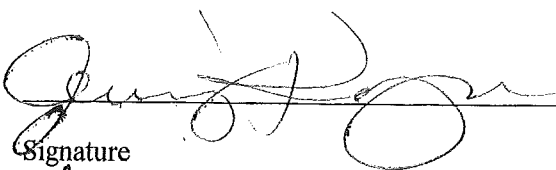
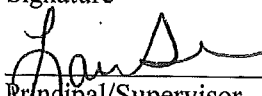
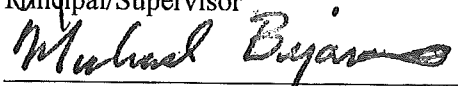
<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$895.00</u>	<u>100-19-100-2210-111-6360</u>
Transportation	<u>\$550.00</u> Mode <u>Air</u>	<u>100-19-100-2210-111-6582</u>
Rental Car	_____	_____
Meals	<u>\$165.00</u>	<u>100-19-100-2210-111-6582</u>
Lodging	<u>\$765.49</u>	<u>100-19-100-2210-111-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$2,375.49</u>	

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

Purpose of travel: AVID training to support the implementation of the program at our site.

Outcomes and academic benefits to students and staff: Staff will learn effective instructional practices and will work with our site team to explore data to construct an action plan for effective implementation at our site. The AVID program targets our underserved students (minority and average achievers), provides quality staff development for teachers, helps build community support systems for school success, and addresses how to grant equitable access to rigorous curricula for all students.

The travel is necessary for the implementation of the project funding the travel.

Submitted by:  5-6-19
Signature Date
 5/6/2019
Principal/Supervisor Date
 5/14/19
Associate Superintendent/Superintendent Date

rev. 9/1/15

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

EMPLOYEE(S): Teresa Cribbs Alison Carbonneau SCHOOL: District Offices

Department (opt.): Food Service
DATE(S): July 12-17, 2019

ACTIVITY/EVENT: Annual National Conference (ANC) for School Nutrition Association
LOCATION: St. Louis, MO

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

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>\$1394.00</u>	<u>510-00-100-3100-526-6360</u>
Transportation	<u>\$1120.00</u> Mode <u>air</u>	<u>510-00-100-3100-526-6582</u>
Rental Car	_____	_____
Meals	<u>\$560.00</u>	<u>510-00-100-3100-526-6582</u>
Lodging	<u>\$3150.00</u>	<u>510-00-100-3100-526-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$6224.00</u>	

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

Purpose of travel: To attend ANC professional growth conference and learn new ways to be compliant with new federal rules and regulations for (NSLP) National School Lunch Program.

Outcomes and academic benefits to students and staff: To meet new performance standards and regulations of the National School Lunch Program and gain Continued Education Credits.

Submitted by:

Signature

5/14/19

Date

James S. Burns
Principal/Supervisor

5/14/19

Date

Michael Byars
Associate Superintendent/Superintendent

5/14/19

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): Patricia Marquez Pilar Pecoraro SCHOOL: District Offices
Virginia Hardin Colleen Thomas Department (opt.): Food Service

DATE(S): July 13-17, 2019

ACTIVITY/EVENT: Annual National Conference (ANC) for School Nutrition Association

LOCATION: St. Louis, MO

ABSENCE: # Days 5 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

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>\$1330.00</u>	<u>510-00-100-3100-526-6360</u>
Transportation	<u>\$2240.00</u> Mode <u>air</u>	<u>510-00-100-3100-526-6582</u>
Rental Car	_____	_____
Meals	<u>\$896.00</u>	<u>510-00-100-3100-526-6582</u>
Lodging	<u>\$2520.00</u>	<u>510-00-100-3100-526-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$6986.00</u>	

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

Purpose of travel: To attend ANC professional growth conference and learn new ways to be compliant with new federal rules and regulations for (NSLP) National School Lunch Program.

Outcomes and academic benefits to students and staff: To meet new performance standards and regulations of the National School Lunch Program and gain Continued Education Credits.

Submitted by:

Signature

5/14/19

Date

James S. Burns
Principal/Supervisor

5/14/19

Date

Michael E. Bryan
Associate Superintendent/Superintendent

5/14/19

Date