

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/CDO

ESTIMATED NUMBER OF STUDENTS: 6

NAME OF SCHOOL GROUP/CLUB/ENTITY: DECA

STAFF ADVISOR(S)/CHAPERONES: Bobby Brush and Terri Bible

ABSENCE: # Days 6 Sub Required:  Yes  No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: International Career Development Conference

DESTINATION OF TRAVEL: Anaheim, CA

DATES OF TRAVEL: April 23-28, 2013

ACADEMIC BENEFITS TO STUDENTS: Students who qualify at the State DECA Conference in March are eligible to compete for scholarships at ICDC (DECA Nationals)

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other Air

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

**EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)**

	APPROX. COST	BUDGET CODE
Registration	<u>\$260 - 2 teachers</u>	<u>596-85-270-2190-280/282-6360</u>
	<u>\$780 - 6 students</u>	<u>850/526-00-100-1001-280/282-6892</u>
Transportation	<u>\$800 - 2 teachers</u>	<u>596-85-270-2190-280/282-6582</u>
	<u>\$2,400 - 6 students</u>	<u>526-00-100-1001-280/282-6519</u>
Meals	<u>\$648 - 2 teachers</u>	<u>596-85-270-2190-280/282-6582</u>
	<u>Students pay for own meals</u>	<u>NA</u>
Lodging	<u>\$2,100 - 2 teachers</u>	<u>596-85-270-2190-280/282-6582</u>
	<u>\$1,620 - 4 students in a room</u>	<u>850/526/525-00-100-1001-280/282-6892</u>
Substitutes	<u>\$600</u>	<u>596-85-270-1001-280/282-6113</u>

TOTAL

\$8,608

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **Yes**  
IF SO, SOURCE & AMOUNTS: Pima County JTED, \$300/traveler

HOW ARE CHAPERONE EXPENSES PAID? NA

COST TO EACH STUDENT \$ Reg. \$130; air \$400; meals \$324; lodging \$270=\$1,124 approx.

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

FUNDING SOURCE(S): student store

FUNDRAISING ACTIVITIES PLANNED (If applicable):  
NA

SUBMITTED BY: \_\_\_\_\_  
Signature Date

APPROVED BY: \_\_\_\_\_  
Principal/Supervisor Date

  
Associate Superintendent/Supervisor 3/14/13  
Date

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: 31

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Student Government**

STAFF ADVISOR(S)/CHAPERONES: **Samantha Burgin, Erik Wolf, Dawn Theodore, Salina Wolf**

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Student Government Retreat**

DESTINATION OF TRAVEL: **Oceanside Marina Suites, CA**

DATES OF TRAVEL: **May 28-31**, 2013

ACADEMIC BENEFITS TO STUDENTS: **To reflect on the past year, orient the new Student Government members, and to begin preparation for the following year.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: **3/7/13**

Other \_\_\_\_\_

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

**EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)**

	APPROX. COST	BUDGET CODE
Registration	<u>N/A</u>	<u>N/A</u>
Transportation	<u>2,000</u>	<u>850-00-100-3400-280-6515</u>
Meals	<u>1500</u>	<u>850-00-100-3400-280-6892</u>
Lodging	<u>2000</u>	<u>850-00-100-3400-280-6892</u>
Substitutes	<u>N/A</u>	<u>N/A</u>
TOTAL	<u>5,500</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no  
IF SO, SOURCE & AMOUNTS: n/a

HOW ARE CHAPERONE EXPENSES PAID? The are not paid, they just get to enjoy the trip

COST TO EACH STUDENT \$ 0.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? The club is paying for the entire trip. There is no cost to the students.

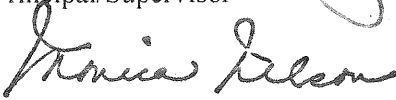
FUNDING SOURCE(S): Club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

StuGo does a lot of fundraisers throughout the year such as dances, t-shirt sales, etc that contribute to the ability to attend a retreat.

SUBMITTED BY:  3/7/13  
Signature Date

APPROVED BY:  3/2/13  
Principal/Supervisor Date

 3/14/13  
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): Dustin Peace  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: CDO  
 Department (opt.): IB Sports Exercise and Health  
 DATE(S): April 5-8, 2013

ACTIVITY/EVENT: International Baccalaureate Workshop (IB)

LOCATION: Hilton Portland & Executive Tower, 921 SW Sixth Avenue, Portland, Oregon

ABSENCE: # Days 4 Sub Required:  Yes  No # of School Days Missed 2

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>140-13-100-2210-510-6360</u>
Transportation	<u>550.00</u>	Mode <u>Airline</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	<u>110.00 (Ground Transportation)</u>		<u>140-13-100-2210-510-6582</u>
Meals	<u>236.00</u>		<u>140-13-100-2210-510-6582</u>
Lodging	<u>510.00</u>		<u>140-13-100-2210-510-6582</u>
Substitutes	<u>200.00</u>		<u>140-13-100-2210-510-6113</u>
TOTAL	<u>2356.00</u>		

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

Purpose of travel: For teacher to receive Sports Exercise and Health Science training in order to supervise and facilitate the Sports Exercise and Health Science assessment and meet the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Preparation for college and groundwork for the extensive study of health science done at the higher levels of study.

Submitted by: \_\_\_\_\_ nt. pl \_\_\_\_\_ 2/28/13  
 Signature Date  
 \_\_\_\_\_ Marcia Kasper \_\_\_\_\_ 3/4/13  
 Principal/Supervisor Date  
 \_\_\_\_\_ James Bell \_\_\_\_\_ 3/14/13  
 Associate Superintendent/Supervisor 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): Thomas Collins  
Tonya Thacker  
Kimberly Begay

SCHOOL: District Offices  
Department (opt.): Title I / Native Ed.  
DATE(S): 04/13/13-04/17/13

ACTIVITY/EVENT: 2013 National Johnson O'Malley Conference

LOCATION: Minneapolis, MN

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



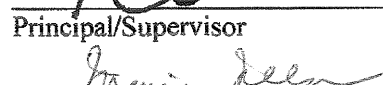
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>1125.00</u>	<u>230.13.146.2210.510.6360</u>
Transportation	<u>1500.00</u> Mode <u>Air</u>	<u>230.13.146.2210.510.6582</u>
Rental Car	_____	_____
Meals	<u>885.00</u>	<u>230.13.146.2210.510.6582</u>
Lodging	<u>1439.87</u>	<u>230.13.146.2210.510.6582</u>
Substitutes	_____	_____
<b>TOTAL</b>	<b><u>4949.87</u></b>	

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

Purpose of travel: To travel to the 2013 National Johnson O'Malley conference in Minneapolis, MN.

Outcomes and academic benefits to students and staff: The Amphitheater District received a large majority of funding from the Johnson O'Malley grant to be used specifically as supplemental monies for Native American students in the district. The national conference is an opportunity to meet with other JOM staff from various school districts in the nation while attending sessions relating to program strategies, Indian Education Committees required at each district, developing needs assessments for program compliance, complementing Title VII funding, and other presentations geared toward student success and parent involvement. Program itinerary is attached. Also, our program received the JOM Exemplary School Award in 2012 for the state of Arizona and would like to participate as an exemplary school at this year's conference.

Submitted by:  3/13/13  
Signature Date  
 3/13/13  
Principal/Supervisor Date  
 3/14/13  
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): Marc Kaufman \_\_\_\_\_

SCHOOL: CDO

\_\_\_\_\_

Department (opt.): IB

\_\_\_\_\_

DATE(S): June 23-29, 2013

ACTIVITY/EVENT: International Baccalaureate Workshop (IB)

LOCATION: Granlibakken Resort and Conference Center, 725 Granlibakken Rd. Tahoe City, CA 96145

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



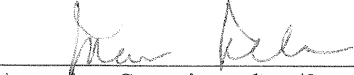
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>840.00</u>	<u>140-13-100-2210-510-6360</u>
Transportation	<u>450.00</u> Mode <u>personal car</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	_____	_____
Meals	<u>0.00 (Included)</u>	<u>140-13-100-2210-510-6582</u>
Lodging	<u>1267.00 (Includes meals)</u>	<u>140-13-100-2210-510-6582</u>
Substitutes	_____	_____
TOTAL	<u>2557.00</u>	

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

Purpose of travel: For teacher to receive Theory of Knowledge training in order to supervise and facilitate the TOK assessment and meet the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Preparation for college and groundwork for the extensive research of the theory of knowledge done at the higher levels of study.

Submitted by:  3-4-13  
 Signature Date  
 3/4/13  
 Principal/Supervisor Date  
 3/14/13  
 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): Amelia Quinn Alison Rogers SCHOOL: CDO  
Angela Moreen \_\_\_\_\_ Department (opt.): \_\_\_\_\_  
 \_\_\_\_\_ DATE(S): June 24-28, 2013

ACTIVITY/EVENT: IB Category 2 Workshop

LOCATION: St. Pete Beach, Florida

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>2550.00</u>	<u>140-13-100-2210-510-6360</u>
Transportation	<u>950.00</u> Mode <u>airline</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	<u>300.00 (Ground transportation)</u>	<u>140-13-100-2210-510-6582</u>
Meals	<u>708.00</u>	<u>140-13-100-2210-510-6582</u>
Lodging	<u>1400.00</u>	<u>140-13-100-2210-510-6582</u>
Substitutes	<u>0</u>	_____
TOTAL	<u>5908.00</u>	

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

Purpose of travel: 1) To increase our understanding of experimental design. (Each participant constructs a simple experiment and learns to make justified decisions at each point in the process.)  
2) To transfer knowledge about experiments to the specific tasks required for both the HL and SL Internal Assessment projects. (Participants will learn what is required for each section of the HL and SL IA projects.)  
The workshop includes practice marking of sample SL and HL papers. Participants will practice marking with both the current syllabus rubrics and the rubrics for the new syllabus.

Outcomes and academic benefits to students and staff: Outcomes and benefits to students is a deeper understanding and success on the experimental design of the specific tasks required for academic success.

Submitted by: Angela Moreen [Signature] 2/28/13  
 Signature Date  
Marcia Kasper [Signature] 3/4/13  
 Principal/Supervisor Date  
[Signature] 3/14/13  
 Associate Superintendent/Supervisor 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): Christine Sullivan, Polly Kimminau, Sarah Andricopoulos, Jessica Fredeen Roodvoets, Jill Malina, Mike Bejarano, Kurt Lammers, Katrina Schleicher, Marni Gould Alternates: Keri Amedeo, Samantha Howe.  
SCHOOL: La Cima Middle

\_\_\_\_\_  
\_\_\_\_\_

Department (opt.): \_\_\_\_\_

DATE(S): July 14 to July 17, 2013

ACTIVITY/EVENT: AVID Summer Institute

LOCATION: San Antonio, TX

ABSENCE: # Days 4 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>\$5,352.00</u>		<u>100-13-100-2210-165-6360</u>
Transportation	<u>\$4,860.00</u>	Mode <u>Air</u>	<u>100-13-100-2210-165-6582</u>
Rental Car	<u>\$400.00</u>		<u>100-13-100-2210-165-6582</u>
Meals	<u>\$1764.00</u>		<u>100-13-100-2210-165-6582</u>
Lodging	<u>\$2,550.00</u>		<u>100-13-100-2210-165-6582</u>
Substitutes	_____		_____
TOTAL	<u>\$14,926.00</u>		

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

Purpose of travel: AVID (Advancement Via Individual Determination) training for our AVID Site Team to support the implementation of the program at our site. This will include our District Director, Executive Director of Secondary Education, Site Coordinator, and AVID Elective Teachers and two content area teachers.

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

Submitted by:

Signature \_\_\_\_\_  
Christine Sullivan  
Principal/Supervisor  
\_\_\_\_\_  
Monica Nelson  
Associate Superintendent/Superintendent

Date \_\_\_\_\_  
2/25/12  
Date \_\_\_\_\_  
3/14/13  
Date \_\_\_\_\_  
T Collins  
3-6-13

**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): Patrick Nelson Todd Jaeger SCHOOL: District Offices  
Mindy Blake \_\_\_\_\_ Department (opt.): Superintendent  
 \_\_\_\_\_ DATE(S): July 5-10, 2013

ACTIVITY/EVENT: National School Public Relations Assoc. (NSPRA) 2013 National Seminar

LOCATION: San Diego, CA

ABSENCE: # Days \_\_\_\_\_ Sub Required:  Yes  No # of School Days Missed \_\_\_\_\_

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>\$2,785.00</u>	<u>140.13.100.2210.510.6360</u>
Transportation	<u>\$903.00</u> Mode _____	001-00-100-2579-503/505-6360 <u>140.13.100.2210.510.6582</u>
Rental Car	<u>\$200.00</u>	001-00-100-2579-503/505-6582 <u>140.13.100.2210.510.6582</u>
Meals	<u>\$400.00</u>	001-00-100-2579-503/505-6582 <u>140.13.100.2210.510.6582</u>
Lodging	<u>\$3,762.00</u>	001-00-100-2579-503/505-6582 <u>140.13.100.2210.510.6582</u>
Substitutes	_____	001-00-100-2579-503/505-6582 _____
TOTAL	<u>\$8,050.00</u>	

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

Purpose of travel: To attend the 2013 National School Public Relations Association (NSPRA) Seminar on Communication and Leadership

Outcomes and academic benefits to students and staff: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Principal/Supervisor Date  
Monica Nelson 3/14/13  
 Associate Superintendent/Superintendent Date