Attach supporting documentation as needed

ORIGINAL SUBMISSION

SCHOOL: <u>IRHS</u>			
ESTIMATED NUMBE	ER OF STUDENTS: 18		
NAME OF SCHOOL O	GROUP/CLUB/ENTITY:	Women's Volie	yball Team
STAFF ADVISOR(S)/ Chelsea Crane, Che	CHAPERONES: Bill La ryl Wojdyla	ang (Head Coad	ch), Kathy Franklin, Ashleigh Houlton,
ABSENCE: # Days 4	Sub Required: X Yes	□ No # o	of School Days Missed 2
ACTIVITY / EVENT /	PURPOSE OF TRAVEL:	2017 NIKE Cali	fornia Challenge
DESTINATION OF TR	AVEL: <u>San Diego, CA</u>		
Team. This invitations Players with low grade Athletic activities such athletes involved in su discipline problems tha The Ironwood Ridge V years. This tournament	as are not allowed to atter as this support the acad- ch events tend to have a an traditional students, olleyball Team has carried thelps celebrate their such	is trip is an athlo reward for the tod. emic mission of the higher grade-point one of the high excess.	10/6 & 10/7) etic competition for the Varsity Volleyball eam's athletic and academic performance. he school, where studies show that student- nt average, lower dropout rate, and fewer est team GPA's on campus over the past 15
·····	any of the following accou	nts? Auxiliary	Tax Credits X Club Funds X
EXPENSES R	EQUESTED: (OBTAIN	RECEIPTS FOR	R ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	\$ 550.00		<u>526/850-00-100-1001-280-6892</u>

Meals	<u>\$1,650.00</u>	<u>526/850-00-100-1001-280-6892</u>
Lodging	\$3,612.00	526,850-00-100-1001-280-6892
Substitutes	<u>\$170.00</u>	530-00-100-3400-280-6113
TOTAL	<u>\$6564.93</u>	
WILL THE DISTRICT RECEI IF SO, SOURCE & AMOUNTS	VE REIMBURSEMENT? <u>Nc</u> S:	<u>0</u>
HOW ARE CHAPERONE EXI	PENSES PAID? <u>In budget, u</u>	sing club funds from fundraising.
COST TO EACH STUDENT \$	0.00 (expectation would b	e personal expenses; tournament shirt, etc.
		tournament smit, etc.
HOW IS THIS TRAVEL MAI PROVISIONS)? All team mo assists with tax credit dona	embers snare the tundra	LIGIBLE STUDENTS (LOW FAMILY INCOME
FUNDING SOURCE(S): Volle		
FUNDRAISING ACTIVITIES	PLANNED (If applicable):	
<u>Fundraiser</u>	arsity Team Sponsorshi	ips, Tax-Credit Campaign, Cookie-Dough
The travel is necessary for the im	plementation of the project fun	nding the travel.
SUBMITTED BY: Signature	e	5 30 17 Date
APPROVED BY: Nata Principal/S	lubbunut	<u>8/30/17</u>
Associate	e Superintendent/Superintende	$\frac{9/1}{2}$

Attach supporting documentation as needed

ORIGINAL SUBMISSION

SCHOOL: <u>IRHS</u>		
ESTIMATED NUMBER OF S	TUDENTS: 20	
NAME OF SCHOOL GROUP	/CLUB/ENTITY: Ironwoo	d Ridge Cross Country Team
STAFF ADVISOR(S)/CHAPE (Maria) Dylla (Boy's Cross	ERONES: Stacey Wilsor Country Coach); Bryan	n (Girl's Cross Country Head Coach); Angie White (Parent)
ABSENCE: # Days 3 Sub Ro	equired: X Yes No	# of School Days Missed 1
ACTIVITY / EVENT / PURPO	OSE OF TRAVEL: 36th Ann	nual So-Cal Cross Country Invitational
DESTINATION OF TRAVEL	Oceanside, CA	
DATES OF TRAVEL: 10/06/1 ACADEMIC BENEFITS TO cross-country runners.	T - 10/08/17 STUDENTS: Competing	in an interstate meet with nationally ranked
PROPOSED METHOD OF TR District-owned vehicles Transportation approval: Other Grayline Tours		
Are expenses paid from any of Parent Organization	the following accounts? Aux	xiliary Tax Credits X Club Funds X
EXPENSES REQUE	ESTED: (OBTAIN RECEI	PTS FOR ALL INCURRED EXPENSES)
	APPROX. COST	BUDGET CODE
Registration	\$ 275.00	526/850-00-100-1001-280-6892
Transportation	\$4,000.00	526/850-00-100-1001-280-6519
Meals	\$1,732.00	526/850-00-100-1001-280-6892
Lodging	\$2,618.00	526/850-00-100-1001-280-6892
Substitutes	\$ 85.00	<u>530-00-100-3400-280-6113</u>

\$8,710.00

WILL THE DISTRICT IF SO, SOURCE & AM	RECEIVE REIMBURSEMENT? N/A IOUNTS:	
HOW ARE CHAPERON	NE EXPENSES PAID? <u>Club funds</u>	
COST TO EACH STUD	DENT \$ 375.00 (less \$200 tax credit = \$175.00)	
	EL MADE AVAILABLE TO ALL ELIGIBLE STU funds and extra tax credits	DENTS (LOW FAMILY INCOME
FUNDING SOURCE(S)): Additional tax credit donations from comm	unity members.
FUNDRAISING ACTIV Local car washes	VITIES PLANNED (If applicable):	
The travel is necessary f	for the implementation of the project funding the trave	1.
SUBMITTED BY:	Signature	aug/31/2017 Date 9/1/17
APPROVED BY: Pr	Natall Court	<u>9///</u> Date
-	Associate Superintendent/Superintendent	<u>9/1</u> /17 Date

Attach supporting documentation as needed

ORIGINAL SUBMISSION

SCHOOL: <u>CDO</u>			
ESTIMATED NUMBER	OF STUDENTS: 16		
NAME OF SCHOOL GR	OUP/CLUB/ENTITY: Academic	c Decathlon	
STAFF ADVISOR(S)/CF	HAPERONES: Chris and Elethi	a Yetman	
ABSENCE: # Days 4 S	Sub Required: X Yes No	# of School Days Missed $\underline{2}$	
ACTIVITY / EVENT / P	URPOSE OF TRAVEL: Rockwal	l Academic Decathlon Scrimmage	
DESTINATION OF TRA	VEL: Rockwall, Texas		
DATES OF TRAVEL: Q ACADEMIC BENEFITS	ctober 26 - 29, 2017 TO STUDENTS: Academic Co	ompetitions	
PROPOSED METHOD OF TRANSPORTATION: District-owned vehicles Transportation approval: Other <u>Airlines, host school bus</u>			
Are expenses paid from a Parent Organization <u>xx</u>	Are expenses paid from any of the following accounts? Auxiliary Tax Credits xx Club Funds xx Parent Organization xx		
EXPENSES R	EQUESTED: (OBTAIN RECEI	PTS FOR ALL INCURRED EXPENSES)	
	APPROX. COST	BUDGET CODE	
Registration	<u>0</u>		
Transportation	\$4,000.00 \$4,000.00	850-00-100-1001-282-6519 526-00-100-1001-282-6519	
Meals	\$ 250.00 \$ 250.00	850-00-100-1001-282-6892 526-00-100-1001-282-6892	
Lodging	<u>\$ 400.00</u>	<u>850-00-100-1001-282-6892</u>	
Substitutes	<u>\$ 440.00</u>	850-00-100-1001-282-6113	
TOTAL	\$9,340.00		

	CT RECEIVE REIMBURSEMENT? No AMOUNTS:	
HOW ARE CHAPE	RONE EXPENSES PAID? Club Funds	
COST TO EACH ST	TUDENT \$ \$500.00	
	AVEL MADE AVAILABLE TO ALL ELIGIBLE STU x Credit Donations, Club Funds, PTO Donations	DENTS (LOW FAMILY INCOME
FUNDING SOURC	E(S): Tax Credit Donations, Fundralsing, Donation	<u>ons</u>
FUNDRAISING AC	CTIVITIES PLANNED (If applicable):	
(************************************		
The travel is necessa	ary for the implementation of the project funding the trave	1.
SUBMITTED BY: _	Signature	9/117 Date
APPROVED BY:	Principal/Supervisor	9(5)(7 Date
	mon here	9/13/17
	Associate Superintendent/Superintendent	Date

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

SCHOO	OL: <u>CDO</u>		
ESTIM	ATED NUMBER	OF STUDENTS: 45	
NAME	OF SCHOOL GR	OUP/CLUB/ENTITY: Orchestra/Band	
STAFF Overb e		HAPERONES: <u>Toru Tagawa, Daniel Bi</u>	tter,Tina Cioca, Kim Gessner, Deb
ABSEN	ICE: # Days <u>4</u> S	ub Required: ⊠ Yes □ No # of So	chool Days Missed 1
ACTIV	ITY / EVENT / PU	JRPOSE OF TRAVEL: Performing at the	Heritage Festival on March 16, 2018
DESTI	NATION OF TRA	VEL: Anaheim, CA	
ACADI at Anal	<u>ieim Heritage Fes</u>	TO STUDENTS: <u>CDO Orchestra and Bar</u> stival. Students will be able to compete in the	
<u>receive</u>	recognitions and	meaningful clinic.	
☐ Dist Transpo	SED METHOD O trict-owned vehicle ortation approval: or Mountain View		
	enses paid from an Organization <u>X</u>	y of the following accounts? Auxiliary	Tax Credits X Club Funds X
	EXPENSES RE	QUESTED: (OBTAIN RECEIPTS FOR A	LL INCURRED EXPENSES)
		APPROX. COST	BUDGET CODE
	Registration	<u>\$12,000.00</u>	526/850-00-100-1001-282-6892
,	Transportation	<u>\$ 4,195.00</u>	526/850-00-100-1001-282-6519
]	Meals	<u>\$ 2,500.00</u>	526/850-00-100-1001-282-6892
]	Lodging	<u>\$ 6,336.00</u>	<u>526/850-00-100-1001-282-6892</u>

Substitutes

\$ 55.00

 $\underline{526/850\text{-}00\text{-}100\text{-}1001\text{-}282\text{-}6113}$

WILL THE DISTRICT RECI IF SO, SOURCE & AMOUN	EIVE REIMBURSEMENT? <u>No</u> ITS:	
HOW ARE CHAPERONE E	XPENSES PAID? Orchestra Booster Clul	2
COST TO EACH STUDENT	\$ <u>550</u>	
HOW IS THIS TRAVEL M. PROVISIONS)? Scholarshi	ADE AVAILABLE TO ALL ELIGIBLE ST ips will be given on an as needed basis	UDENTS (LOW FAMILY INCOME
FUNDING SOURCE(S): Or	chestra Tax Credit/Orchestra Club Acc	<u>ount</u>
FUNDRAISING ACTIVITIE	S PLANNED (If applicable):	
SUBMITTED BY: Signa	ture	9/1/17 Date
APPROVED BY: Princ	Sucy Gipal/Supervisor	9/57/7 Date
Associ	ciate Superintendent/Superintendent	<u>9//3/</u> 17 Date

EMPLOYEE(S):	<u>Ben</u>	<u>Hurley</u>	SCH	OOL: AHS
	Ron	<u>Lise</u>	D	epartment (opt.):
	40000		DAT	TE(S): Sep. 28 - Oct. 1, 2017
ACTIVITY/EVEN	IT: PG	C/Glazier Baske	etball Coaches Basketball C	<u>llinic</u>
LOCATION: <u>D</u>	allas,	Texas		
ABSENCE: #	‡ Days	4 Sub Requir	ed: 🛛 Yes 🔲 No	# of School Days Missed 1
EXPENSES REQU	JESTE	D: (OBTAIN RI	ECEIPTS FOR ALL INCUR	RED EXPENSES)
		<u>APPROX</u>	IMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registratio	n	<u>\$238.00</u>		850-00-620-3400-281-6360
Transport	ation	<u>\$850.00</u>	Mode Air/Shuttle	<u>850-00-620-3400-281-6582</u>
Rental Car				
Meals		<u>\$370.50</u>		850-00-620-3400-281-6582
Lodging		<u>\$450.00</u>		850-00-620-3400-281-6582
Substitutes		<u>\$170.00</u>		850-00-620-3400-281-6113
TOTAL		\$2078.50		
The District will] (or)	will not ⊠ rece	eive reimbursement from out:	side sources.
	. , ,	_		hops, guest speakers and sessions with various
topics covered.				The state of the s
				the skills learned to improve our school's ling, effective communication, offensive and
defensive techniqu	ies.	Dranch Bell	8/25	5/17
Submitted by:	Bo	a Maria	8/2	5/17
	nature		Date	
· Prin	cinal/Si	apervisor	Date	SIM
	KI	ALL MARIE	9/12	11.7
Asse	ociate S	uperintendent/Supe	erintendent Date	// ,

EMPLOYEE(S): Gir	na Beca	SCHOOL: <u>CDO</u>
		Department (opt.): B
-		DATE(S): October 7-10, 2017
_	3 Visual Arts, Category 1&2	
LOCATION: Houst	on, Texas	
ABSENCE: # Day	rs 4 Sub Required: XYes No	# of School Days Missed 2
EXPENSES REQUEST	TED: (OBTAIN RECEIPTS FOR ALL IN	CURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$ 880.00</u>	140-18-100-2210-510-6360
Transportation	Mode <u>airline</u>	<u>140-18-100-2210-510-6582</u>
Rental Car	\$ 100.00 (shuttle)	<u>140-18-100-2210-510-6582</u>
Meals	<u>\$ 125.50</u>	<u>140-18-100-2210-510-6582</u>
Lodging	<u>\$ 550.00</u>	<u>140-18-100-2210-510-6582</u>
Substitutes	<u>\$ 220.00</u>	<u>140-18-100-2210-510-6113</u>
TOTAL	<u>\$2,375.50</u>	
The District will ☐ (or) will not ☒ receive reimbursement from outside sources.		
	lace and maintained. Subject teachers r	ire IB specific workshop training to ensure program equire initial training but also updated training
	aredness in maintaining benchmarked r	shops include specialized in depth academic training igor and ensure critical-thinking and reflective skills
_/\ta	Supervisor La Julian The Superintendent	8/24/17 Date 5/1/17 Date

EMPLOYEE(S):	<u>Dianna Kuhn</u>	Shelby Davis	SCHOOL: Rio Vista	
	Hayley Gotlieb	PROCESSAGE CONTROL OF	Department (opt.):	
			DATE(S): <u>10-15-17 through 10</u>	<u>-18-17</u>
ACTIVITY/EVEN	T: <u>No Excuses Un</u>	iversity National C	onvention	
LOCATION: G	Frapevine, Texas-C	<u> Saylord Texan Res</u>	rt Hotel and Convention Center	
ABSENCE: #	Days 4 Sub Ro	equired: 🗌 Yes 🛛	No # of School Days Missed	<u>0</u>
EXPENSES REQU	JESTED: (OBTAI	N RECEIPTS FOR	ALL INCURRED EXPENSES)	
	<u>APPI</u>	ROXIMATE COST	BUDGET CODE/ (Note: Tax credit contribution require a budget code.)	
Registratio	on <u>\$1,150.00</u>		100.17,100.2210.117.6360	<u>)</u>
Transport	ation <u>\$1,300.00</u>	Mode <u>a</u>	<u>100.17.100.2210.117.6582</u>	<u>2</u>
Rental Car				
Meals	<u>\$514.50</u>		100,18.100.2210,117.6582	<u> </u>
Lodging	<u>\$1,800.00</u>		100.18.100.2210.117.6582	<u>2</u>
Substitutes	3			
TOTAL	<u>\$4,764.50</u>		,	
The District will (or) will not receive reimbursement from outside sources.				
Purpose of travel: Attending the No Excuses University National Convention supports our School Improvement Plan for maintaining a culture of high expectations. Dianna Kuhn is presenting a session about the STEM Lab.				
Outcomes and academic benefits to students and staff: Multiple sessions are provided for improving instruction and leadership that are shared with other staff members involving the Six Exceptional Systems: Culture of Universal Achievement, Data Analysis, Assessment, Standards Alignment, Interventions, and Collaboration.				
The travel is necess	sary for the implem	entation of the proje	ct funding the travel.	
Submitted by:	Dianna Ku		<u>8-30-17</u> Date	
•	gnature		Date	
Ā	Jianna Lechn	×	8-30-17 Date	
Pri	incipal/Supervisor	4		
Δ.6	Sociate Superintend	lent/Superintendent		

EMPLOYEE(S): Sam	antha Barnewolt	SCHOOL: <u>CDO</u> Department (opt.): <u>IB</u> DATE(S): <u>October 20-23, 2017</u>		
ACTIVITY/EVENT: IB LOCATION: Los An	Dance, Category 1 geles, CA			
ABSENCE: # Days	4 Sub Required: ⊠Yes ☐	No # of School Days Missed 2		
EXPENSES REQUESTI	ED: (OBTAIN RECEIPTS FOR A	ALL INCURRED EXPENSES)		
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)		
Registration	<u>\$ 744.00</u>	<u>140-18-100-2210-510-6360</u>		
Transportation	<u>\$ 250.00</u> Mode <u>a</u>	<u>140-18-100-2210-510-6582</u>		
Rental Car	\$ 100.00 (shuttle)	<u>140-18-100-2210-510-6582</u>		
Meals	<u>\$ 127.75</u>	140-18-100-2210-510-6582		
Lodging	<u>\$ 500.00</u>	140-18-100-2210-510-6582		
Substitutes	<u>\$ 220.00</u>	<u>140-18-100-2210-510-6113</u>		
TOTAL	<u>\$1941.75</u>			
The District will [(or)	The District will [(or) will not [receive reimbursement from outside sources.			
Purpose of travel: <u>IB Programme standards and practice require IB specific workshop training to ensure program objectives are put in place and maintained.</u> Subject teachers require initial training but also updated training when curriculum guides are changed.				
Outcomes and academic benefits to students and staff: <u>IB Workshops include specialized in depth academic training</u> to ensure teacher preparedness in maintaining benchmarked rigor and ensure critical-thinking and reflective skills				
to further advance stud	ent achievement.	about the		
Submitted by:		0/27/17		
Signature Principal/	Supervisor	Date S/34/1 7 Date		
Associate	Superintendent/Superintendent	9/13/17 Date		

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

EMPLOYEE(S): <u>Jar</u>	nes S. Burns	SCHe	SCHOOL: District Offices	
***************************************		De	epartment (opt.): Operational Support	
		DAT	TE(S): <u>10/22/17-10/24/17</u>	
ACTIVITY/EVENT: R	enewable Energy	Markets Conference (REM	n	
	ork, NY		-	
ABSENCE: # Day	rs <u>3</u> Sub Requi	red: 🗌 Yes 🛮 No	# of School Days Missed 2	
EXPENSES REQUEST	ED: (OBTAIN R	ECEIPTS FOR ALL INCUR	RED EXPENSES)	
APPROXIMATE COST			BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	<u>0.00</u>			
Transportation	<u>\$622.60</u>	Mode Air/Ground	001-00-100-2579-525-6582	
Rental Car				
Meals	<u>\$119.75</u>		001-00-100-2579-525-6582	
Lodging	<u>\$693.21</u>		001-00-100-2579-525-6582	
Substitutes				
TOTAL	<u>\$1435.56</u>			
The District will [] (or) will not 🛛 rece	ive reimbursement from outs	ide sources.	
Purpose of travel: Atter	nd the Renewable	Energy Markets Conference	ce (REM)	
<u>Marketplace in order t</u>	o ensure the distr	ict's renewable energy syste	evelopment within The Renewable Energy ems are effectively managed and utilized while enewable Energy Marketplace that will benefit	
	lan tha land in actor	tion of the analost funding the	America 1	
· · · · · · · · · · · · · · · · · · ·	•	tion of the project funding the	Date	
The	al/Supervisor Luluc te Superintendent/	Superintendent	Date Date	

Associate Superintendent/Superintendent