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: **Cross Middle**

ESTIMATED NUMBER OF STUDENTS: **98**

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Cross Middle School Science Department**

STAFF ADVISOR(S)/CHAPERONES: **Alexandria Vaughn, Chris Boknevitz, Lisa DaDeppo, Michael Brooks, Ethnee Taylor, Rachel Peru, Ethan Schulke, Jon Pearce, Cara Kent and Amy Salgado.**

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Catalina Island Marine Institute (CIMI)**

DESTINATION OF TRAVEL: **Catalina Island, CA**

DATES OF TRAVEL: **02/16/2020 – 02/20/2020**

ACADEMIC BENEFITS TO STUDENTS: **Ninety-eight students have the opportunity to study science in an outstanding, hands-on program focusing on Marine Biology and Ecology. All students will participate in several competitions, including group and individual competitions. Competitions include Best Group Cohesiveness, Most Interesting Artifact, Best Academic Group (based on CIMI testing activities). Individual awards go to the best individual academic scores and Best Overall Participation.**

PROPOSED METHOD OF TRANSPORTATION:
☐ District-owned vehicles
Transportation approval: _____
X Other **Chartered buses, Mountain View Tours, Inc., P.O. Box 91890, Tucson, AZ 85752 520-292-1183**

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	**$28,315.00**	**525/526-00-100-1001-6892-167-0000**
Transportation	**$9,650.00**	**525/526-00-410-2710-6519-167-0000**
Meals	**Included**	____
Lodging	**Included**	____
Substitutes	**$2,250.00**	**525/526-00-100-1001-6113-167-0000**
TOTAL	**$40,215.00**	

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

HOW ARE CHAPERONE EXPENSES PAID? **Chaperones must cover their own expenses.**
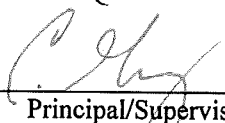
COST TO EACH STUDENT $ **400.00**

HOW IS THIS TRAVEL IS MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Financial assistance is available to help students who are in need.**
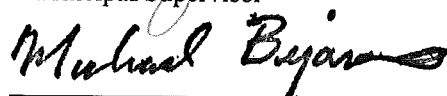
FUNDING SOURCE(S): **Tax Credit Donations**

FUNDRAISING ACTIVITIES PLANNED (If applicable): **N/A**

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

SUBMITTED BY: _____ 08/14/2019
               Signature   Date

APPROVED BY: _____ 8/14/19
           Principal/Supervisor   Date

_____ 8/19/19
    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): **Daniel** **Schneider**

SCHOOL: **AHS**

Department (opt.): **CTE**

DATE(S): **9/11/19-9/13/19**

ACTIVITY/EVENT: **CSEdCon - https://www.csedcon.com/**

LOCATION: **Las Vegas, NV**

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROXIMATE COST		BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	——		——
Transportation	**$500.00**	Mode **Car**	**260.20.361.2210.6582.281.0000**
Rental Car	——		——
Meals	**$127.50**		**260.20.361.2210.6582.281.0000**
Lodging	——		——
Substitutes	**$375.00**		**260.20.361.2210.6113.281.0000**
TOTAL	**$1002.50**		

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

Purpose of travel: **CSEdCon is a national computer science conference focused on professional development and advocacy for expanding computer science in different states. I will be attending with members of the Department of Education and the State Board of Education to discuss the current state of computer science in Arizona and to offer an educator's perspective in shaping future policies and plans for expanding & supporting computer science education.**

Outcomes and academic benefits to students and staff: **I will also receive training from Code.org, CSTA, and ECEP on ways to build & support computer science programs within schools & districts. I can use this knowledge to support & develop my own computer science program at Amphi High and offer insights into expanding computer science programs at the other schools in the Amphi district.**

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

Submitted by: _____ 9/12/19

Signature   Date

_____   9/12/19

Principal/Supervisor   Date

_____   8/13/19

Associate Superintendent/Superintendent   Date

rev. 8/25/17

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): **Cliff Wadhams** _____

SCHOOL: **District Offices**

Department (opt.): **Finance**

DATE(S): **09/25/2019 to 09/28/2019**

ACTIVITY/EVENT: **GFOA - Smarter School Spending Conference**

LOCATION: **Chicago, IL**

ABSENCE: # Days **4** Sub Required: ☐Yes ☒No # of School Days Missed **3**

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROXIMATE COST		BUDGET CODE/DESCRIPTION
			(Note: Tax credit contributions are District funds and require a budget code.)
Registration	**850.00**		**0010010025106360520000**
Transportation	**450.00**	Mode **Air**	**0010010025106582520000**
Rental Car	**80.00**		**0010010025106582520000**
Meals	**264.00**		**0010010025106582520000**
Lodging	**800.00**		**0010010025106582520000**
~~Substitutes~~	_____		
TOTAL	**2444.00**		

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

Purpose of travel: **Overview of Best Practices in School Budgeting - Student Based Budgeting Work Strategic Planning w/emphasis on SPED, Academic Return on Investment**

Outcomes and academic benefits to students and staff: **Key tenant of the best practices - Finding additional opportunities for cost savings to fund strategies for increasing student outcomes, enhancing communications and engagement strategies; improving goals, strategies for achieving goals.**

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

Submitted by: _____ 8/9/19
Signature   Date

_____ 8/9/19
Principal/Supervisor   Date

_____ 8/9/19
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): **Deborah Christensen, MA, CCC-SLP** _____ SCHOOL: **Copper Creek**

(Zella) Marie Vinyard, MS, CCC-SLP _____ Department (opt.): **Student Services**

_____ _____ DATE(S): **November 19-24, 2019**

ACTIVITY/EVENT: **2019 American Speech-Language and Hearing Association Convention**

LOCATION: **Orlando, Florida**

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROXIMATE COST		BUDGET CODE/DESCRIPTION

(Note: Tax credit contributions are District funds and require a budget code.)

Registration	**$780.00**		**00100213221063605400000**
Transportation	_____	Mode _____	**Self paid**
Rental Car	_____		_____
Meals	_____		**Self paid**
Lodging	_____		**Self paid**
Substitutes	_____		_____
TOTAL	**$780.00**		

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

Purpose of travel: **Continuing education in Speech and Language disorders.**

Outcomes and academic benefits to students and staff: **To maintain state license and ASHA certification, demonstrate continued professional development to benefit students on caseload, increase professional knowledge for the evaluation and treatment of speech and language disorders.**

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

Submitted by: _____ _____

Signature   Date

~Kristin A. McGraw~   **8/15/19**

Principal/Supervisor   Date

~Michael Bejarano~   ~8/19/19~

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): **Tassi Call** _____

_____ _____

_____ _____

SCHOOL: **District Offices**

Department (opt.): **AVID**

DATE(S): **12/11/19-12/14/19**

ACTIVITY/EVENT: **2019 AVID National Conference**

LOCATION: **Dallas, Texas**

ABSENCE: # Days **4** Sub Required: ☐Yes ☒No # of School Days Missed **3**

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROXIMATE COST		BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	**$625.00**		**100-19-100-2210-6360-509-0000**
Transportation	**$700.00**	Mode **airplane**	**100-19/20-100-2210-6582-509-0000**
Rental Car	-- _____		
Meals	**$184.00**		**100-20-100-2210-6582-509-0000**
Lodging	**$632.78**		**100-20-100-2210-6582-509-0000**
Substitutes	_____		_____
TOTAL	**$2141.78**		

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

Purpose of travel: **The AVID National Conference is a forum to discuss and share innovations and best practices on how educators can systematically increase academic rigor, create engaging learning environments, accelerate the performance of underrepresented students, and deliver results schoolwide.**

Outcomes and academic benefits to students and staff: **Knowledge will help enhance the AVID program already in place at several district school sites.**

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

Submitted by:

Signature _~~Tassi Call~~_ Date **8/14/19**

Principal/Supervisor _~~Michael Bejarano~~_ Date 8/19/19

Associate Superintendent/Superintendent _____ Date _____