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: <u>IRHS</u>			
ESTIMATED NUMBER	OF STUDENTS: 10		
NAME OF SCHOOL GR	OUP/CLUB/ENTITY:	IRHS Girls	Basketball
STAFF ADVISOR(S)/CF	IAPERONES: Nikki	Simpson and	Holly Broberg
ABSENCE: # Days 4 S	ub Required: Yes	⊠ No	# of School Days Missed <u>0</u>
compete against othe	r teams from acros	s the western	be attending Point Loma team camp to n U.S. in a 3 day event. This event included coaching staff, and various basketball
competitions.			
DESTINATION OF TRA	VEL: Point Loma U	niversity, Sa	n Diego, CA
	TO STUDENTS: S		have the opportunity to spend 3 days on cuss the entrance requirements to attend
Point Loma as well a	s we visit various	other colleg	<u>e campuses around San Diego. We also</u>
discuss what a NAIA	<u>level university i</u>	s and how	it varies from NCAA. This is a positive ollege options for them.
experience mai expos	ses our giris to man	y amerent co	mege options for them.
PROPOSED METHOD C District-owned vehicle Transportation approval: Other Van rental fro	es		
Are expenses paid from an Parent Organization		ounts? Auxilia	ary Tax Credits <u>X</u> Club Funds <u>X</u>
EXPENSES RI	EQUESTED: (OBTA	IN RECEIPT	S FOR ALL INCURRED EXPENSES)
	APPROX. COS	T	BUDGET CODE
Registration	<u>\$295.00</u>		526/850-00-100-1001-280-6892
Transportation	<u>\$600.00</u>		526/850-00-100-1001-280-6519
Meals	\$100.00		<u>526/850-00-100-1001-280-6892</u>

Lodging	<u>\$1,500.00</u>	?	520/050-00-100-10	101-200-0032
Substitute	S			
TOTAL	<u>\$3,395.00</u>			
	RICT RECEIVE REIMBURS & AMOUNTS:	SEMENT? <u>No</u>		
HOW ARE CHAP	PERONE EXPENSES PAID?	[,] <u>Parent organiz</u>	ation/boosters	
COST TO EACH	STUDENT \$ 200.00 (appr	oximately)		
HOW IS THIS TO PROVISIONS)? F	RAVEL MADE AVAILABI ull and partial scholarsh	LE TO ALL ELIC	GIBLE STUDENTS (LOW e through the booster cl	FAMILY INCOMI <u>ub.</u>
FUNDING SOUR	CE(S): Booster club, tax	credit, club acc	ount	
	ACTIVITIES PLANNED (If a see fundraiser sales and s		egistration.	
		•		
-			,	
SUBMITTED BY:	Company And Signature)	<u>4-1-14</u> Date	
APPROVED BY:	Principal/Supervisor		<u>4///</u> Date	
:	Associate Superintender	nt/Superintendent	<u>4/15/14</u> 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>Jam</u>	i Koustik	SC	CHOOL: District Offices
	<u> </u>		Department (opt.): School Operations
		Da	ATE(S): <u>7/6/14 - 7/11/14</u>
ACTIVITY/EVENT: <u>Ca</u>		4 Teaching Excellence	<u>e Institute</u>
LOCATION: <u>Orland</u>	lo, Florida		
ABSENCE: # Days	Sub Required: [∐Yes ⊠No	# of School Days Missed 5
EXPENSES REQUESTI	ED: (OBTAIN RECE	IPTS FOR ALL INCU	JRRED EXPENSES)
	<u>APPROXIMA</u>	ATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1,199</u>		<u>140.14.100.2210.515.6360</u>
Transportation	<u>595</u>	Mode <u>Air</u>	<u>140.14.100.2210.515.6582</u>
Rental Car			
Meals	147		140.14.100.2210.515.6582
Lodging	1,013	•	140.14.100.2210.515.6582
Substitutes			
TOTAL	<u>\$2,954</u>		
The District will [] (or)	will not Treceive	reimbursement from c	outside sources.
_ 、 ,			
Purpose of travel: <u>To be</u> in ongoing support of o			st. This is an intensive track that will certify me
			e me certification that will allow me to train and
support the teachers in	our district in our on	going math curricul	um. Teachers will then be able to take the
information from the tr	aining and use the ki	iowledge in their owi	n classroom to benenfit the students.
Submitted by: Signature	m Sha	- H.	_ 4/4/14 Date
1	Muhael By	and	4/3/14
Principal	/Supervisor		Date
	in keln	•	_ 4/7/14
Associate	e Superintendent/Supe	rintendent	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>Bob</u>	Hehli Flor Lopez	SCHOOL: <u>Nash</u>
<u>Dian</u>	<u> Lupita Valenzuela</u>	Department (opt.):
Shar	<u>ri Lossou-Lossavi</u>	DATE(S): <u>7/7//14 -7/10/14</u>
ACTIVITY/EVENT: AV	<u>ID Summer Institute</u>	
LOCATION: Sacram	ento, CA	
ABSENCE: # Days	4 Sub Required: ☐Yes ☒No	# of School Days Missed 0
EXPENSES REQUESTE	ED: (OBTAIN RECEIPTS FOR ALL I	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$3,695</u>	100-14-100-2210-110-6360
Transportation	\$2,000 Mode <u>Air</u>	100-14-100-2210-110-6582
Rental Car	<u>\$200</u>	<u>100-14-100-2210-110-6582</u>
Meals	\$850	<u>100-14-100-2210-110-6582</u>
Lodging	<u>\$1,800</u>	<u>100-14-100-2210-110-6582</u>
Substitutes	-	
TOTAL	<u>\$8,545</u>	
The District will [(or)	will not \(\sum \) receive reimbursement from	om outside sources.
1		te to learn the AVID program in an effort to better help students get on the college bound track.
Outcomes and academic	benefits to students and staff: <u>Increase</u>	e teacher knowledge. Increase student achievement.
Submitted by: Signature	Bobell' 3 Held.	$\frac{4/9/14}{\text{Date}}$ $\frac{4/9/14}{\text{Date}}$
Principal/Su Associate St	uperintendent/Superintendent	Date Date

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

EMPLOYEE(S):	Caroline Rondo	<u>Pamela Juarez</u>	SCHOOL: <u>Walker</u>	
			Department (opt.):	
			DATE(S): <u>July 7-10, 2014</u>	
ACTIVITY/EVEN	NT: <u>Advancement</u>	Via Individual Determ	nination- AVID Summer Institute	
LOCATION: §	Sacramento, CA			
ABSENCE:	# Days 4 Sub F	Lequired: □Yes ⊠No	# of School Days Missed $ \underline{0} $	
EXPENSES REQ	UESTED: (OBTA	IN RECEIPTS FOR AL	L INCURRED EXPENSES)	
	API	ROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	on <u>\$1,478.00</u>		100-14-100-2210-112-6360	
Transport	tation \$2,000.00	Mode <u>Air</u>	<u>100-14-100-2210-112-6582</u>	
Rental Car	<u> </u>			
Meals	<u>\$270.00</u>		100-14-100-2210-112-6582	
Lodging	<u>\$1,254.00</u>		100-14-100-2210-112-6582	
Substitutes	s			
TOTAL	<u>\$5,002.00</u>			
	_	receive reimbursemen		
			titute to learn the AVID program in an effort to better to help students get on the college bound track.	
Outcomes and acad	demic benefits to s	tudents and staff: Incre	ease teacher knowledge and student achievement.	
Submitted by: Si	M.Me.Cov gnature	nell 80112	<u> </u>	
		1 Collins	2/26/14	
Pı	rincipal/Supervisor	4	Date	
.	Merc	: helm		
Associate Superintendent/Superintendent			Date /	

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

EMPLOYEE(S): Laurie Sheber, Brock on Lange, Rebekkah Liamond, SCHOOL: AHS				
<u>Be</u>	n Bultman, Elizabeth Turnbull, Christoph			
DATE(S): 7/7/14-7/10/14 ACTIVITY/EVENT: Avid Summer Institute				
	mento, CA			
ABSENCE: # Day	vs 4 Sub Degwirdd DVeg DNA	# 05 C-h Day (2 C-) 1 0		
y a war and a second buy of believe the second buy of the second b				
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR ALL INCL	RRED EXPENSES)		
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)		
Registration	\$ <u>4014.00</u>	100.14.100.2210.281.6360		
Transportation	\$3,000.00 Mode <u>air</u>	100.14.100,2210,281.6582		
Rental Car	00.00	<u>100.14.100,2210.281.6582</u>		
Meals	<u>\$1,296.00</u>	100.14,100,2210.281.6582		
Lodging	<u>\$1,680.00</u>	100,14,100,2210,281,6582		
Substitutes	<u>NA</u>	<u>NA</u>		
TOTAL	<u>\$ 9,990.00</u>			
The District will [(or)	will not impresent from our	itside sources.		
Purpose of travel: AVID (Advancement Vi a Individual Determination) training for our AVID Site TEAM to support the implementation of the program at our site. This will include our site coordinator, AVID elective teachers, and content area teachers. This program will be put in place at AHS to coordinate with the AVID programs currently in place at AMS & Lie Cima				
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 site. The AVID program targets our underserved students (minority and average achievers), provides quality staff development for teachers, helps schools build community support systems for school success, and address how to grant equitable access to rigorous curricula for all students.				
Submitted by: Signature 4/2/14 Date				
Principal/Supervisor 4/2/2014 Date				
Associate Superintendent/Superintendent Date				

rev. 9/21/05

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

EMPLOYEE(S):	John Howe Brittne	ey Gradillas	SCHOOL: Prince	
	Lauren Mueller Br	<u>rianna Wolf</u>	Department (opt.):	
	Kelsey Glavin		Samantha Krenzer	DATE(S): <u>July 7-10, 2014</u>
ACTIVITY/EVEN	T: Advancement Via In	dividual Determina	ution- AVID Summer I	nstitute
	acramento, CA	WITH THE STATE OF	TIVE SUMMED I	<u> </u>
ABSENCE: #	Days 4 Sub Required	d: ∐Yes ⊠No	# of School Da	ys Missed 0
EXPENSES REQU	JESTED: (OBTAIN REG	CEIPTS FOR ALL I	NCURRED EXPENSES	5)
	APPROXIN	MATE COST		ET CODE/DESCRIPTION it contributions are District funds and code.)
Registration	n <u>4,014.00</u>		100-14-100-22	<u>10-111-6360</u>
Transporta	ation <u>4,500.00</u>	Mode <u>Air</u>	100-14-100-22	<u>10-111-6582</u>
Rental Car	<u>N/A</u>			
Meals	<u>1,560.00</u>		100-14-100-22	<u>10-111-6582</u>
Lodging	<u>2,500.00</u>		100-14-100-22	10-111-6582
Substitutes	<u>N/A</u>			
TOTAL	<u>\$12,574.00</u>			
The District will 🗌	or) will not ⊠ recei	ve reimbursement fro	om outside sources.	
Purpose of travel: A	AVID conference.			
readiness system d Fechnology, an An applies a systemic	esigned to increase the nerican company specia approach by way of Beg	number of students lizing in video and ginnings, Foundatio	who enroll in four-yea audio production technons, and Bridges imple	etermination, a college- r colleges in the U.S. Avid nology. AVID elementary mentation resources for r journey to college readiness.
Submitted by: Sign	Mutter	7 Collin	2/25/14 Date - 411/14 Date	
Asso	ociate Superintendent/Super	intendent	Date /	

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

EMPLOYEE(S):	MaryGra	ce Salamon, Trista Divetta (alt A	Kathy Floyd, Rob Wolf SCHOOL: AMS manda Kaiser) Department (opt.): on DATE(S): July 7-10, 2014
ACTIVITY/EVEN	NT: <u>AVID S</u> Sacramento,		
ABSENCE:	# Days <u>4</u>	Sub Required: □Yes ⊠No	# of School Days Missed 0
EXPENSES REQ	UESTED: (OBTAIN RECEIPTS FOR ALL INCU	RRED EXPENSES)
		APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	on \$6,6	<u>90</u>	100-14-100-2210-166-6360
Transport	tation \$5,0	00 Mode AIR	100-14-100-2210166-6582
Rental Car	r	_	100-14-100-2210-166-6582
Meals	<u>\$2,9</u>	<u>50</u>	100-14-100-2210-166-6582
Lodging	<u>\$3,2</u>	<u>94</u>	100-14-100-2210-166-6582
Substitutes	s <u>00.0</u>	<u>0</u>	
TOTAL	<u>\$17,</u>	934.00	
Purpose of travel:	AVID (Adv	ogram at our site. This will include ou	ntside sources. tion) training for our AVID Site Team to support or Principal, Site Coordinator, AVID elective
Outcomes and acadesite team will explored	demic benefi lore data to our underse s schools bu	its to students and staff: Teachers will construct an action plan for effective rved students (minority and average ild community support systems for so	learn effective instructional practices and our continued implementation at our site. The AVID achievers), provides quality staff development chool success, and address how to grant equitable
\subseteq	gnature incipal/Super	all of the state o	Date Date

Associate Superintendent/Superintendent