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):	Mary Beth Santilla	<u>n</u>	SCHOOL: Dis	trict Offices	
	Name of the latest and the latest an		Department	(opt.): State & Federal Program	<u>ms</u>
			DATE(S): <u>11-</u>	2-19 to 11-5-19	
ACTIVITY/EVEN	T: 31st Annual Co	nference for the Nation	nal Association f	or the Education of Homeless	
Children and You	<u>th</u>				
LOCATION: <u>V</u>	Vashington Hilton, 1	919 Connecticut Ave I	W Washington	1, DC 20009	
ABSENCE: #	Days 4 Sub Requ	ired: Yes No	# of Sch	nool Days Missed 2	
EXPENSES REQU	ESTED: (OBTAIN	RECEIPTS FOR ALL I	NCURRED EXP	ENSES)	
	<u>APPRO</u>	XIMATE COST	(Note: T	BUDGET CODE/DESCRIPTIC ax credit contributions are District budget code.)	
Registration	n <u>\$570.00</u>		270-19-	102-2579-6360-509-0000	•
Transporta	ation <u>\$630.20</u>	Mode <u>flight/s</u>	huttle 270-20-	102-2579-6582-509-0000	
Rental Car					
Meals	<u>\$155.00</u>		<u>270-20-</u>	102-2579-6582-509-0000	
Lodging	<u>\$765.57</u>	4 · · · · ·	<u>270-20-</u>	102-2579-6582-509-0000	
Substitutes				*	
TOTAL	<u>\$ 2,120.77</u>				
T D' (' ' ' ' ' ' ' '	17.5 20 1	ceive reimbursement fr			
	, ,		om outside sourc		
Purpose of travel: 1	National Conference	attendance.			
				n will receive specialized traini	ng,
				gnized authorities related to sue of homeless education.	
Submitted by:	MW Bell	Saufillan	7-23-19 Date		
	arlen M	Imsouri	7,23,1 Date	19	
P	ncipal/Supervisor B	yan	Date Stidia	•	
Ass	sociate Superintenden	t/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):	Vanessa Hill Sus	an Williams	SCHOOL: District Offices
	Patricia Sullivan	-	Department (opt.): <u>REACH</u>
			DATE(S): November 6-10, 2019
ACTIVITY/EVEN	T: National Associatio	on for Gifted Child	Iren (NAGC)
	lbuquerque, NM	on the contract of the contrac	
ABSENCE: #	Days <u>5</u> Sub Require	ed: 🛛 Yes 🔲 No	# of School Days Missed 3
EXPENSES REQU	ESTED: (OBTAIN RE	ECEIPTS FOR ALI	. INCURRED EXPENSES)
	<u>APPROX</u>	MATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds an require a budget code.)
Registration	\$2,037.00		140-20-100-2210-6360-514-0000
Transporta	tion <u>\$1,400.00</u>	Mode _	140-20-100-2210-6582-514-0000
Rental Car		· ·	
Meals	<u>\$ 688.50</u>		140-20-100-2210-6582-514-0000
Lodging	<u>\$2,232.36</u>		140-20-100-2210-6582-514-0000
Substitutes	\$ 900.00	4	140-20-100-2210-6113-514-0000
TOTAL	<u>\$7,257.86</u>		
	(or) will not ⊠ recei		
Purpose of travel: T	o attend the National A	Association for Gif	ted Children (NAGC).
Outcomes and acadesenhance gifted educ	mic benefits to students ation programming in	and staff: Partici our district K-12.	pants will gather information needed to improve and
Submitted by: Signa	ature		Date
	ipal/Supervisor MMMM NA/ ciate Superintenden/Su	nerintendent	Date 7/17/2019