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

EMPLOYEE(S): <u>Sam</u>	antha Burgin	SCHOOL: <u>IRHS</u>
		Department (opt.): Student Government
		DATE(S): <u>2/13/15 - 2/15/15</u>
ACTIVITY/EVENT: <u>Le</u>	adership, Experience and Developmen	t Conference
LOCATION: Chicag	<u>o, IL</u>	
ABSENCE: # Days	3 Sub Required: ⊠Yes □No	# of School Days Missed 1
EXPENSES REQUESTE	ED: (OBTAIN RECEIPTS FOR ALL IN	ICURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$220</u>	850-00-100-3400-280-6360
Transportation	\$400 Mode Airline	<u>530-00-100-3400-280</u> 65 <b>82</b>
Rental Car	<u>N/A</u>	
Meals	<u>\$100</u>	<u>850-00-100-3400-280-6582</u>
Lodging	<u>\$225</u>	<u>850-00-100-3400-280-6582</u>
Substitutes	<u>\$100</u>	<u>530-00-100-3400-280-6113</u>
TOTAL	<u>\$1045</u>	
The District will (or)	will not ⊠ receive reimbursement from	n outside sources.
		on of Student Councils and feel that the more I vill serve not only my school but the state as well.
Student Council as well	<u>as National Honor Society. I have hear</u>	National Conference for Students and Advisors for and many great things about this conference and end students. I can also bring back some great ideas
for leadership at our sch	ool in classes as well as NHS and other	r leadership clubs and encourage them to attend in
the future. I have added next year and the years		ar and am looking for more ideas to improve on it for
Submitted by: Signature	nantha J. Brugin	<u>//4/16</u> Date
Principal/	Mall 6/Bullet	1/14/15 Date
han	- Weler	1/11/15

Associate Superintendent/Superintendent

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

EMPLOYEE(S): <u>Jay</u>	ne Huseby	De	OOL: <u>District Offices</u> spartment (opt.): <u>Language Acquisition</u> E(S): <u>Feb 10-Feb 13, 2015</u>
ACTIVITY/EVENT: <u>Tr</u> students conference	ansition to New Assess	ments: Implications fo	or the instruction & achievement of ELL
	nke City, UT		
ABSENCE: # Days	s <u>4</u> Sub Required:	Yes ⊠No	# of School Days Missed4
EXPENSES REQUESTI	ED: (OBTAIN RECEIP	TS FOR ALL INCURI	RED EXPENSES)
	<u>APPROXIMAT</u>	E COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>o</u>		
Transportation	<u>400.00</u>	Mode <u>Air</u>	<u>191-15-100-2210-511-6582</u>
Rental Car			
Meals	<u>196.00</u>		<u>191-15-100-2210-511-6582</u>
Lodging	<u>350.00</u>		<u>191-15-100-2210-511-6582</u>
Substitutes			
TOTAL	946.00		
Outcomes and academic assessment focusing on	tend invite only EL Col benefits to students and AMAOs and state & d	llaborative/REL EL A staff: Conference wil	ide sources.  Illiance conference in Salt Lake  I provide the latest information on EL  for the assessment. It will promote  practices which will be shared and taught to all
Submitted by: Signature  Principal	Parles Manore  None  Varian Lula  The Superintendent/Superintenden		1/09/2015  Date 1/9/15  Date 1/16/15  Date

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

EMPLOYEE(S): Par	mela Vandivort	SCHOOL: La Cima Middle  Department (opt.):  DATE(S): February 19, 20, 21, 2015
<del></del> -	LD Panel for Project Lead The Way	
ABSENCE: # Day	vs <u>3</u> Sub Required: ⊠Yes □No	# of School Days Missed 2
EXPENSES REQUEST	TED: (OBTAIN RECEIPTS FOR ALL IN	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration		
Transportation	Mode	
Rental Car		
Meals		1 <del></del>
Lodging		
Substitutes	<u>\$160.00</u>	140-15-100-2210-510-6113
TOTAL	<u>\$160.00</u>	
Purpose of travel: To so	erve on the ALD (Achievement Level Deproject for Computer Science and Softy	escriptor) Panel and to participate in a validity study
Outcomes and academic STEM curriculum pro		connections, relationships and communications with
Submitted by: Signature Principal	istine Sull' var al/Supervisor	/-/5-/5 Date  //6//5
Associa	te Superintendent/Superintendent	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>She</u>	rri Smith	SCHOOL: District Offices
		Department (opt.): Payroll
		DATE(S): <u>04/08-04/10/15</u>
<del></del>	ova Time Users Conference	
LOCATION: <u>Bellag</u> i	io Hotel Las Vegas, NV	
ABSENCE: # Days	s <b>3</b> Sub Required: \( \subseteq \text{Yes} \subseteq \text{No.}	# of School Days Missed <u>n/a</u>
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR AI	LL INCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$250.00</u>	<u>530-00-100-2579-520-6360</u>
Transportation	<u>\$212.20</u> Mode <u>air.</u>	<u>530-00-100-2579-520-6582</u>
Rental Car		<u>530-00-100-2579-520-6582</u>
Meals	<u>\$118.80</u>	530-00-100-2579-520-6582
Lodging	<u>\$400.00</u>	530-00-100-2579-520-6582
Substitutes		
TOTAL	<u>\$981.00</u>	
The District will [_] (or)	) will not 🛛 receive reimbursemen	nt from outside sources.
Purpose of travel: <u>Train</u>	ning and conference	
Outcomes and academic accurately track and bu	benefits to students and staff: <u>Impudget for Amphitheater employees</u>	limentation of the timeclock system will allow us to more and will reduce inaccuracies in timecard reporting.
Submitted by: Signatur	her Inoth	<u>01/12/15</u> Date
J		
Principa	1/Supervisor	Date
	Minisch	les 1/12/15
Associat	te Superintendent/Superintendent	Date

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

Cori Friezen, Betsy Ga	<u>rdner, Christine Sullivan. Alterna</u>	ites: Keri Amedeo, Charlotte Norine, Polly Kimminau,
Jill Malina, Jessica Roc	odvoets _	SCHOOL: La Cima Middle
		Department (opt.):
	<del></del> .	DATE(S): <u>July 12 to July 15, 2015</u>
ACTIVITY/EVENT: AY	VID Summer Institute	
LOCATION: <u>Sacran</u>	nento, CA	
ABSENCE: # Days	s <b>4</b> Sub Required: □Yes ⊠No	# of School Days Missed 0
EXPENSES REQUESTI	ED: (OBTAIN RECEIPTS FOR A	LL INCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$4,893</u>	100-15-100-2210-165-6360
Transportation	\$3,800 Mode <u>Air</u>	100-15-100-2210-165-6582 100-15-100-2210-510-6582
Rental Car	<u>\$ 267</u>	<u>100-15-100-2210-165-6582</u> <u>100-15-100-2210-510-6582</u>
Meals	\$1,728	<u>100-15-100-2210-165-6582</u> <u>100-15-100-2210-510-6582</u>
Lodging	<u>\$3,100</u>	<u>100-15-100-2210-165-6582</u> <u>100-15-100-2210-510-6582</u>
Substitutes	· · · · · · · · · · · · · · · · · · ·	
TOTAL	<u>\$13,788</u>	
The District will [ (or)	will not receive reimbursemen	nt from outside sources.
Purpose of travel: AVID	(Advancement Via Individual De	etermination) training for AVID Site Team to support the

Outcomes and academic benefits to students and staff: <u>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 addresses how to grant equitable access to rigorous curricula for all students.</u>

implementation of the program at our school. Our team will consist of the principal and content area teachers.

Submitted by:	Christine Sullivac /	7/15
	Signature	Date
	Darlene Mansausi	1/12/15
	Principal/Supervisor	Date
	Associate Superintendent/Superintendent	110/15 Date 15
	and the superimonation of the superimonation	Date

rev. 9/21/05