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): \underline{S} | teve Duley | SCHOOL: District Offices |
|--|--|---|
| | and the state of t | Department (opt.): Student Services |
| | | DATE(S): <u>11/14/-16/12</u> |
| | | |
| ACTIVITY/EVENT: | Ocalicon 2012 - The Premier Autism an | ad Disabilities Conference |
| LOCATION: Grea | ater Columbus Convention Center, Colu | umbus Ohio |
| A D C D V C D | | |
| ABSENCE: # Da | ays <u>3</u> Sub Required: Yes No | # of School Days Missed 3 |
| EXPENSES REQUES | STED: (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>\$ 265.00</u> | 001.00.200.2579.540.6360 |
| Transportatio | on <u>\$ 508.20</u> Mode <u>Air</u> | 001.00.200.2579.540.6582 |
| Rental Car | | |
| Meals | <u>\$ 132.00</u> | 001.00.200.2579.540.6582 |
| Lodging | <u>\$ 435.00</u> | 001.00.200.2579.540.6582 |
| Substitutes | <u>n/a</u> | |
| TOTAL | <u>\$1340.20</u> | |
| | | |
| The District will [] (o | r) will not 🛛 receive reimbursement fro | om outside sources. |
| Purpose of travel: Atte | end OCALICON 2012 Conference | |
| Outcomes and academiosychosocial intervent | c benefits to students and staff: To attentions for children with TBI. | d a Symposium focused on educational strategies and |
| <u></u> | 1 | |
| Submitted by: The Submitted by: | | 10/29/12 |
| Signati | ure // | Date |
| tutus Ceting | | 10-29-12 |
| Principal/Supervisor | | Date |
| - | bu tela | 10-29-12 Date |
| Associ | ate Superintendent/Superintendent | Date |