

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): Kathy Sheppard Becky Longoni

SCHOOL: District Offices

Department (opt.): Finance/Payroll

DATE(S): 10/5-10/8/2011

ACTIVITY/EVENT: SunGard Public Sector 2011 Client Conference

LOCATION: Baltimore, Maryland

ABSENCE: # Days 4 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>1390.00</u>	<u>530.00.100.2579.520.6360</u>
Transportation	<u>1100.00</u> Mode <u>air</u>	<u>530.00.100.2579.520.6582</u>
Rental Car	_____	_____
Meals	<u>216.00</u>	<u>530.00.100.2579.520.6582</u>
Lodging	<u>1515.00</u>	<u>530.00.100.2579.520.6582</u>
Substitutes	_____	_____
TOTAL	<u>4221.00</u>	

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

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

Purpose of travel: To find the tools, strategies, and answers to Amphitheater's computer needs and to learn to maximize the use of our SunGard Public Sector products.

Outcomes and academic benefits to students and staff: To find the tools, strategies, and answers to Amphitheater's computer needs and to learn to maximize the use of our SunGard Public Sector products.

SUBMITTED BY: Kathy Sheppard
Signature

8/22/11
Date

APPROVED BY: Thomas J. J...
Principal/Supervisor

8-22-11
Date

Theresa Balentine
Associate Superintendent/Supintendent

8.23.11
Date

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): Monica Nelson _____

SCHOOL: District Offices

Department (opt.): _____

DATE(S): October 4 - October 6, 2011

ACTIVITY/EVENT: EdLeader21 Annual Meeting

LOCATION: Irving, Texas

ABSENCE: # Days 3 Sub Required: ☐ Yes ☒ No

of School Days Missed 3

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>0</u>	_____
Transportation	<u>482.40</u>	Mode <u>Air</u> <u>140.12.100.2210.515.6582</u>
Rental Car	_____	_____
Meals	<u>\$162.00</u>	<u>140.12.100.2210.515.6582</u>
Lodging	<u>\$342.70</u>	<u>140.12.100.2210.515.6582</u>
Substitutes	_____	_____
TOTAL	<u>\$981.70</u>	

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

Purpose of travel: To represent Amphi at this state-of-the-art meeting regarding teaching and learning in the 21st Century.

Outcomes and academic benefits to students and staff: As we work with our learners to make them successful in the 21st Century, our skills and goals need to shift. This meeting will help the district better align its improvement plans, common core standards, and instructional practices with strategies necessary to help our students.

Submitted by:

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST

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EMPLOYEE(S): Patrick Nelson Todd Jaeger

SCHOOL: District Offices

Department (opt.): School Operations/Legal

DATE(S): October 12-16, 2011

ACTIVITY/EVENT: National School Boards Association COSA Conference

LOCATION: New Orleans, Louisiana

ABSENCE: # Days 4 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>1275.00</u>	<u>140.12.100.2210.510.6360</u>
Transportation	<u>1300.00</u>	001-00-100-2579-505-6360 <u>140.12.100.2210.510.6582</u>
Rental Car	<u>350.00</u>	001-00-100-2579-505-6582 <u>140.12.100.2210.510.6582</u>
Meals	<u>432.00</u>	001-00-100-2579-505-6582 <u>140.12.100.2210.510.6582</u>
Lodging	<u>1028.00</u>	001-00-100-2579-505-6582 <u>140.12.100.2210.510.6582</u>
Substitutes	<u> </u>	001-00-100-2579-505-6582 <u> </u>
TOTAL	<u>4385.00</u>	

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

Purpose of travel: To attend the NSBA Conference

Outcomes and academic benefits to students and staff:

Submitted by: Patrick Nelson
Signature _____ Date _____

Principal/Supervisor _____ Date _____

Associate Superintendent/Superintendent _____ Date _____

**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: AHS

ESTIMATED NUMBER OF STUDENTS: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: Amphi FFA

STAFF ADVISOR(S)/CHAPERONES: 1 (Nevin Hendrickson)

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Compete at the National FFA Convention for Agriscience Fair

DESTINATION OF TRAVEL: Indianapolis, Indiana

DATES OF TRAVEL: 10/18/11-10/23/11

ACADEMIC BENEFITS TO STUDENTS: Students will be representing AHS through the National FFA Agriscience Fair Career Development Event. Students will also be engaging in leadership and career development workshops and activities to reinforce relevance of information being taught in the classroom.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other air/taxi

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
	<u>40.00</u>	<u>400.12.270.2190.281.6360</u>
Registration	<u>80.00</u>	<u>850.00.100.3400.281.6892</u>
	<u>236.00</u>	<u>400.12.270.2190.281.6582</u>
Transportation	<u>472.00</u>	<u>850.00.100.3400.281.6519</u>
	<u>120.00</u>	<u>400.12.270.2190.281.6582</u>
Meals	<u>240.00</u>	<u>850.00.100.3400.281.6892</u>
	<u>446.96</u>	<u>400.12.270.2190.281.6582</u>
Lodging	<u>446.96</u>	<u>850.00.100.3400.281.6892</u>
Substitutes	<u>300.00</u>	<u>400.12.270.2190.281.6113</u>
TOTAL	<u>2381.92</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? _____
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? _____

COST TO EACH STUDENT \$ **800.00**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Tax credits, fundraising**

FUNDING SOURCE(S): _____

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: _____

Signature

Date

APPROVED BY: _____

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

**AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST**

Attach supporting documentation as needed

ORIGINAL SUBMISSION

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COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL**

SCHOOL: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: **IRHS Wrestling Club**

STAFF ADVISOR(S)/CHAPERONES: **Tim Berrier and Jeff Hannan**

ABSENCE: # Days _____ Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **The Clash Wrestling Tournament**

DESTINATION OF TRAVEL: **Rochester, MN**

DATES OF TRAVEL: **12/29/11 - 1/01/12**

ACADEMIC BENEFITS TO STUDENTS: **The students will develop self confidence by competing
against students from across the U.S. in wrestling.**

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other **Commercial Airline**

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$100.00</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>\$11,960.00</u>	<u>526/850-00-100-3400-280-6519</u>
Meals	_____	_____
Lodging	<u>\$1,440.00</u>	<u>526/850-00-100-3400-280-6892</u>
Substitutes	_____	_____
TOTAL	<u>\$13,700</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? club funds

COST TO EACH STUDENT \$ 0

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? _____

FUNDING SOURCE(S): Tax credit and club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: Lin Bivier
Signature

8/17/11
Date

APPROVED BY: Michael Byars
Principal/Supervisor

8/19/11
Date

Patrick Wilson
Associate Superintendent/Superintendent

8-19-11
Date