



**GOVERNING BOARD AGENDA ITEM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: **April 28, 2026**

TITLE: **Approval of Out of State Travel**

BACKGROUND:

STAFF

Hillary Kitay requests permission to attend AVID Summer Institute 2026 on June 28-July 1, 2026 in San Diego, California. Approximate cost of travel is \$2,959, and will be paid using Title I funds. No school days will be missed, and no substitutes are required.

Michael McConnell and Mamie Spillane request permission to attend AVID Summer Institute 2026 on June 28-July 1, 2026 in San Diego, California. Approximate cost of travel is \$5,868, and will be paid using Title II funds. No school days will be missed, and no substitutes are required.

BUDGET CODE KEY		
100.26.100.2210.6360.111.0000	Title I	Improvement of Instruction, Employee Training, Prince
100.26.100.2210.6582.111.0000	Title I	Improvement of Instruction, Employee Travel, Prince
140.26.100.2579.6360.119.0000	Title II	Training Non-Instructional, Employee Training, Innovation
140.26.100.2579.6360.117.0000	Title II	Training Non-Instructional, Employee Training, Rio Vista
140.26.100.2579.6582.119.0000	Title II	Training Non-Instructional, Employee Travel, Innovation
140.26.100.2579.6582.117.0000	Title II	Training Non-Instructional, Employee Travel, Rio Vista

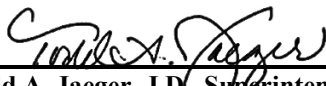
RECOMMENDATION:

It is the recommendation of the administration that the above travel be approved.

INITIATED BY:


Matthew Munger
Associate Superintendent for Secondary Education

Date: April 20, 2026



Todd A. Jaeger, J.D., Superintendent

**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): Hillary Kitay _____

SCHOOL: Prince Elementary
 Department (opt.): _____
 DATE(S): June 28-July 1, 2026

ACTIVITY/EVENT: AVID 2026 Summer Institute

LOCATION: San Diego, CA

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>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1099</u>	<u>100.26.100.2210.6361.111.0000</u>
Transportation	<u>\$ 525</u> Mode <u>air</u>	<u>100.26.100.2210.6582.111.0000</u>
Meals	<u>\$ 285</u>	<u>100.26.100.2210.6582.111.0000</u>
Lodging	<u>\$1050</u>	<u>100.26.100.2210.6582.111.0000</u>
TOTAL	<u>\$2959</u>	

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

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

Purpose of travel: To participate in AVID Summer Institute Professional Development

Outcomes and academic benefits to students and staff: Participants will strengthen their understanding of AVID implementation on their campus, and learn valuable best practices strategies to ensure rigorous implementation toward AVID school side.

Identify which characteristics of the Portrait of Graduate are specifically related to this request.

- | | | |
|---|---|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Citizenship | <input checked="" type="checkbox"/> Collaboration |
| <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking | <input checked="" type="checkbox"/> Critical Thinking |
| <input checked="" type="checkbox"/> Problem-Solving | <input checked="" type="checkbox"/> Scholarship | |

The travel is necessary for the implementation of the project funding the travel.

Submitted by:

Signature _____	Date _____
<u>S Doyle</u>	<u>4/14/26</u>
Principal/Supervisor _____	Date _____
<u>[Signature]</u>	<u>4/14/26</u>
Associate Superintendent/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): Michael McConnell Mamie Spillane SCHOOL: Innovation/Rio Vista

Department (opt.):

DATE(S): June 28-July 1, 2026

ACTIVITY/EVENT: AVID 2026 Summer Institute

LOCATION: San Diego, CA

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROXIMATE COST

BUDGET CODE/DESCRIPTION

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

Registration	<u>\$2198</u>		<u>140.26.100.2579.6360.119/117.0000</u>
Transportation	<u>\$1000</u>	Mode <u>air</u>	<u>140.26.100.2579.6582.119/117.0000</u>
Meals	<u>\$ 570</u>		<u>140.26.100.2579.6582.119/117.0000</u>
Lodging	<u>\$2100</u>		<u>140.26.100.2579.6582.119/117.0000</u>
TOTAL	<u>\$5,868</u>		

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Purpose of travel: To participate in AVID Summer Institute Professional Development

Outcomes and academic benefits to students and staff: Participants will strengthen their understanding of AVID implementation on their campus, and learn valuable best practices strategies to ensure rigorous implementation toward AVID school side.

Identify which characteristics of the Portrait of Graduate are specifically related to this request.

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|---|---|---|
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| <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking | <input checked="" type="checkbox"/> Critical Thinking |
| <input checked="" type="checkbox"/> Problem-Solving | <input checked="" type="checkbox"/> Scholarship | |

The travel is necessary for the implementation of the project funding the travel.

Submitted by: *Hayley Thatcher* 4/17/26
Signature Date

Principal/Supervisor _____ Date _____
Jessi Call 4/17/26
Associate Superintendent/Supervisor _____ Date _____