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):	Norma Frye Geor	r'ge	SCHOOL: District Offices
			Department (opt.): Transportation
	harmonia de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina del		DATE(S): <u>07/11/2020-07/15/2020</u>
		tation News (STN) Ex	<u>apo</u>
LOCATION: <u>Re</u>	no, Nevada		
ABSENCE: #I	Days <u>5</u> Sub Req	uired: 🗌 Yes 🛮 No	# of School Days Missed 0
EXPENSES REQUE	ESTED: (OBTAIN	RECEIPTS FOR ALL I	NCURRED EXPENSES)
	<u>APPRC</u>	XIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>399.00</u>		001.00.100.2579.6360.528.0000
Transportati	on <u>311.95</u>	Mode <u>Air</u>	001.00.100.2579.6582.528.0000
Rental Car	Novement of the second		
Meals	238.00		$\underline{001.00.100.2579.6582.528.0000}$
Lodging	<u>681.48</u>		$\underline{001.00.100.2579.6582.528.0000}$
Substitutes	Backerson of the Control of the Cont		- December of the Control of the Con
TOTAL	<u>1630.43</u>		
The District will \(\simega \)	or) will not 🕅 red	ceive reimbursement fro	m outside services
Purpose of travel: Ab	ility to connect wit	th 1,500 student transp	ortation stakeholders
School Transportatio	on, Reasonable Sus	spicion Testing, Disaste	on new changes from 2020 National Congress on er Recovery, Driver Fitness Testing & Physical
Ability to Perform, a	nd navigating the	FMCSA Drug & Alcoh	ol Clearinghouse.
The travel is necessary		ation of the project fund	ing the travel.
Submitted by:Signat	ure Lu L		5/11/2020 Date 5/11/2020 Date 5/11/2020
lan	no Mu	~~_	5/11/2020
Princip	pal/Supervisor	1000	Date
Aggai	ate Superintendent		
Associ	as pahormendenn	pahermenaent	Date