

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: 14

NAME OF SCHOOL GROUP/CLUB/ENTITY: AHS Wrestling

STAFF ADVISOR(S)/CHAPERONES: Sam Portillo, Matt Uden, Ed Romie

ABSENCE: # Days 2 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: 15th Annual Silver High Wrestling Tournament

DESTINATION OF TRAVEL: Silver City, NM

DATES OF TRAVEL: 12/29/15-12/30/15

ACADEMIC BENEFITS TO STUDENTS: Students have to maintain eligibility to compete in tournament against out of state competition we will not see in Arizona.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Enterprise Rent-A-car

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>\$350.00</u>	<u>526/525-00-100-1001-281-6892</u>
Transportation	<u>\$600.00</u>	<u>526/525-00-100-1001-281-6519</u>
Meals	<u>\$800.00</u>	<u>526/525-00-100-1001-281-6892</u>
Lodging	<u>0</u>	<u>n/a</u>
Substitutes	<u>0</u>	<u>n/a</u>
TOTAL	<u>\$1,750.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no
IF SO, SOURCE & AMOUNTS: n/a

HOW ARE CHAPERONE EXPENSES PAID? No expenses paid

COST TO EACH STUDENT \$ 0

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Auxiliary and tax credit funds pay all expenses

FUNDING SOURCE(S): Auxiliary and Tax credit

FUNDRAISING ACTIVITIES PLANNED (If applicable):
n/a

SUBMITTED BY:

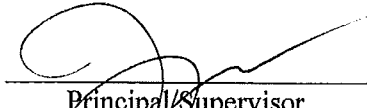


Signature

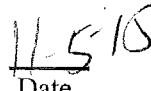


Date

APPROVED BY:



Principal/Supervisor



Date



Associate Superintendent/Supervisor



Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 18

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Boys Volleyball

STAFF ADVISOR(S)/CHAPERONES: David Garwacki, Tim McGann, Ross Donaghay, Ryan Call

ABSENCE: # Days 3 Sub Required: Yes No # of School Days Missed 2

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Boys Las Vegas Invitational

DESTINATION OF TRAVEL: Las Vegas, NV

DATES OF TRAVEL: March 10-12, 2016

ACADEMIC BENEFITS TO STUDENTS: Competition with 32 elite teams from several western states

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Enterprise rental cars

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$ 500.00</u>	<u>525-00-620-1001-282-6892</u>
Transportation	<u>\$1000.00</u>	<u>526/850-00-100-1001-282-6519</u>
Meals	<u>\$1500.00</u>	<u>526/850-00-100-1001-282-6892</u>
Lodging	<u>\$2500.00</u>	<u>526/850-00-100-1001-282-6892</u>
Substitutes	<u>\$200.00</u>	<u>526/850-00-100-1001-282-6113</u>
TOTAL	<u>\$5700.00</u>	

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

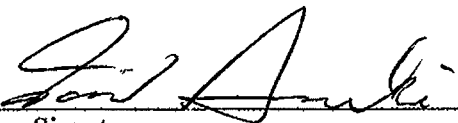
HOW ARE CHAPERONE EXPENSES PAID? Club Fund

COST TO EACH STUDENT \$ 0

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

FUNDING SOURCE(S): Club Funds


FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: 
Signature

10/22/2015
Date

APPROVED BY: 
Principal/Supervisor

10/30/15
Date


Associate Superintendent/Superintendent

11/30/15
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 80

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Band

STAFF ADVISOR(S)/CHAPERONES: Daniel Bitter, Bill Crawford, Gary Burchard, Tom Edelbrock, Matt Viesca, Alex Merideth, Terra Harper, Linda Brady, Erik Binnie

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Concert Band Festival and Competition

DESTINATION OF TRAVEL: Anaheim, California

DATES OF TRAVEL: April 7-10, 2016

ACADEMIC BENEFITS TO STUDENTS: Authentic performance opportunity, and constructive feedback from highly qualified judges in a competitive setting. Students will compete with bands from across the southwest.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Coach buses

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$75</u>	<u>526-00-100-1001-282-6892</u>
Transportation	<u>\$9,200</u>	<u>526-00-100-1001-282-6519</u>
Meals	<u>0</u>	<u>N/A</u>
Lodging	<u>\$29,690</u>	<u>526-00-100-1001-282-6892</u>
Substitutes	<u>\$100</u>	<u>526-00-100-1001-282-6113</u>

TOTAL \$39,065.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? N/A
IF SO, SOURCE & AMOUNTS: N/A

HOW ARE CHAPERONE EXPENSES PAID? Factored into student Cost

COST TO EACH STUDENT \$ 488.31

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Scholarships and fundraising opportunities

FUNDING SOURCE(S): Community

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Snack Bar employment, Car washes, Percentage nights

SUBMITTED BY: _____

Signature

Date

APPROVED BY: _____

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

**AMPHITHEATER PUBLIC SCHOOLS
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EMPLOYEE(S): Chad Castillo Jill Christman

SCHOOL: CDO
 Department (opt.): IB Chemistry
 DATE(S): January 15-18, 2016

ACTIVITY/EVENT: IB Chemistry Cat 3 Training

LOCATION: Los Angeles, CA

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 1

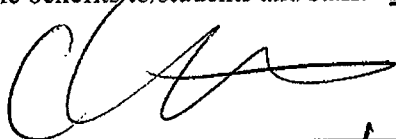
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

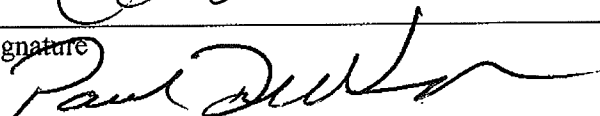
	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>\$1,578.00</u>		<u>140-16-100-2210-510-6360</u>
Transportation	<u>\$1,200.00</u>	Mode <u>airline</u>	<u>140-16-100-2210-510-6582</u>
Rental Car	<u>\$ 100.00 Cab</u>		<u>140-16-100-2210-510-6582</u>
Meals	<u>\$ 432.00</u>		<u>140-16-100-2210-510-6582</u>
Lodging	<u>\$ 900.00</u>		<u>140-16-100-2210-510-6582</u>
Substitutes	<u>\$ 200.00</u>		<u>140-16-100-2210-510-6113</u>
TOTAL	<u>\$4,410.00</u>		


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

Purpose of travel: This training is a requirement by IB in order to teach and meet the International Baccalaureate Programme requisite.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for rigorous student achievement.

Submitted by:  11-19-15
 Signature Date

 11-19-15
 Principal/Supervisor Date

 11/30/15
 Associate Superintendent/Superintendent Date

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EMPLOYEE(S): Wendy Ousley

SCHOOL: District Offices

Department (opt.): School Operations

DATE(S): 2/28/16 to 3/4/16

ACTIVITY/EVENT: Project CRISS Training of Trainers Workshop Level II

LOCATION: The Woodlands, TX

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 5

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>\$1500.00</u>		<u>140-16-100-2210-515-6360</u>
Transportation	<u>\$1100.00</u>	Mode <u>Air</u>	<u>140-16-100-2210-515-6582</u>
Rental Car	<u>\$250.00</u>		<u>140-16-100-2210-515-6582</u>
Meals	<u>\$280.00</u>		<u>140-16-100-2210-515-6582</u>
Lodging	<u>\$1000.00</u>		<u>140-16-100-2210-515-6582</u>
Substitutes	<u> </u>		<u> </u>
TOTAL	<u>\$4130.00</u>		

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

Purpose of travel: To participate in the Project CRISS Training

Outcomes and academic benefits to students and staff: Project CRISS Training of Trainers is a requirement in the process of becoming a certified CRISS trainer. In this workshop, a CRISS Master Trainer facilitates activities, including a deep analysis of CRISS workshop content and training processes, an exploration of the CRISS Frameworks for Teaching and Learning, tips and tricks for presenting and sustaining a CRISS initiative in schools, and a review of the requirements for trainer certification and renewal.

Submitted by: Michael Byars 11/30/15
Signature Date

Principal/Supervisor _____ Date _____

James J. [Signature] 11/30/15
Associate Superintendent/Superintendent Date