EMPLOYEE(\$):	George Goodrid	ge S	CHOOL: <u>IRHS</u> , CDO, AHS
	Scott Linaker	-	Department (opt.): <u>CTE</u>
	Janelle Roche	Ι	DATE(S): <u>April 06 - 10, 2011</u>
ACTIVITY/EVEN	T: Rocky Mounta	in Athletic Trainers' Associa	ation, Inc Annual Clinical Symposium
LOCATION: A	lbuquerque, New	Mexico	
ABSENCE: #	Days <u>5</u> Sub Re	equired: XYes No	# of School Days Missed 3
EXPENSES REQU	JESTED: (OBTAI	N RECEIPTS FOR ALL INC	CURRED EXPENSES)
	<u>APP1</u>	ROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds ar require a budget code.)
Registratio	s 210.00		260.11.270.2210.280,281,282.6360
Transport	ation <u>\$ 485.43</u>	Mode <u>Rental Ve</u>	ehicle 260,11.270,2210,280,281,282,6582
Rental Car	0		
Meals	<u>\$ 660.00</u>		260.11.270.2210.280,281,282.6582
Lodging	<u>\$1,220.40</u>		260.11.270.2210.280,281,282.6582
Substitutes	<u>\$ 720.00</u>		596.00.270.2210.280,281,282.6113
TOTAL	<u>\$3,295.83</u>		y.
		receive reimbursement from	m outside sources.
Purpose of travel:	Continuing Educ	eation	
Outcomes and aca		students and staff: Knowleds	ge gained will be utilized in care of student-athletes
Submitted by:	Ly Voce	ul	Date CHILL
_	21 6	Buar 76	3/3/11
P	rincipal/Supervisor		Date
		trik Welson	3-6-11
Ā	ssociate Superinter	ndent/Superintendent	Date

EMPLOYEE(S): <u>Dam</u>	on Lovato SCHO	OOL: AHS		
<u>John</u>	Rotzell De	Department (opt.): Athletics		
	DAT	E(S): May 6-8, 2011		
ACTIVITY/EVENT: Nil	ke Championship Basketball Clinic			
LOCATION: <u>Las Ves</u>	gas, NV			
ABSENCE: # Days	<u>1</u> Sub Required: ☐Yes ⊠No	# of School Days Missed 1		
EXPENSES REQUESTE	ED: (OBTAIN RECEIPTS FOR ALL INCUR	RED EXPENSES)		
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)		
Registration	<u>\$250</u>	525-00-620-3400-281-6360		
Transportation	\$310 Mode <u>Driving</u>	Coaches'pay		
Rental Car	<u>\$82</u>	Coaches' pay		
Meals	<u>\$150</u>	Coaches' pay		
Lodging	<u>\$0</u>			
Substitutes	<u>\$0</u>			
TOTAL	<u>\$792</u>			
The District will [(or)	will not ⊠ receive reimbursement from out	side sources.		
Purpose of travel: Coacl	ning Clinic			
	benefits to students and staff: Outcome from e techniques and applying skills taught at the			
Submitted by:		<u>3/15/11</u>		
Signatur		Date		
110	West discon	3/15/11 Date		
rincipal	Supervisor	3-21-11		
Associat	e Superintendent/Superintendent	Date		

<u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> <u>COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.</u>

EMPLOYEE(S): Chri	stine Sullivan, Frank K	Kischer, Sarah Andric	opoulos, Polly Kimminau, 2 TBD	
SCHOOL: La Cima Mi	<u>ddle</u>			
1		Dep	partment (opt.):	
		DATE	E(S): <u>July 26 to July 29, 2011</u>	
A CTIVITY/EVENT. AND	TD C [4:44-		•	
ACTIVITY/EVENT: AV				
LOCATION: San Die	ego, CA			
ABSENCE: # Days	4 Sub Required:	Yes ⊠No	# of School Days Missed 4	
EXPENSES REQUESTE	D: (OBTAIN RECEIPT	TS FOR ALL INCURR	ED EXPENSES)	
	<u>APPROXIMATE</u>	E COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	<u>\$3,245</u>		100-11-100-2210-165-6360	
Transportation	<u>\$1,980</u>	Mode <u>Air</u>	100-11-100-2210-165-6582	
Rental Car	<u>\$276.00</u>		100-11-100-2210-165-6582	
Meals	<u>\$1,062</u>		100-11-100-2210-165-6582	
Lodging	<u>\$2,790</u>		100-11-100-2210-165-6582	
Substitutes			×	
TOTAL	<u>\$9,353</u>			
The District will (or) will not receive reimbursement from outside sources. Purpose of travel: AVID (Advancement Via Individual Determination) training for our AVID Site Team to support the implementation of the program at our site. This will include our District Director, Site Coordinator, and AVID Elective Teachers and 2 content area teachers.				
Outcomes and academic site team will explore da targets our underserved teachers; helps schools access to rigorous currie	benefits to students and sata to construct an action students (minority and build community supportula for all students.	staff: Teachers will le on plan for effective in d average achievers); ort system for school s	earn effective instructional practices and our nplementation at our stie. The AVID program provides qualify staff development for uccess; and addresses how to grant equitable	
Submitted by: Signature	Fatreh Wel	lon-	2/21/4 1 Carlar 11 3-6-11	

Date

Associate Superintendent/Superintendent

EMPLOYEE(S)	: <u>Vicki</u>	Balentine, Ph.D.	SCHOOL: <u>District Offices</u>
			Department (opt.): Superintendent
			DATE(S): April 13-14, 2011
ACTIVITY/EV	ENT: <u>Meas</u>	uring Educator Effectiveness	<u>Conference</u>
LOCATION:	Salt Lake	City, Utah	
ABSENCE:	# Days 2	Sub Required: ☐Yes ☒N	o # of School Days Missed
EXPENSES RE	QUESTED:	(OBTAIN RECEIPTS FOR A	LL INCURRED EXPENSES)
		APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registra	ation _		No Cost to the District
Transpo	ortation _	Mode	
Rental (Car _		
Meals	_		
Lodging	· _		
Substitu	ites _		
TOTA	L <u>0</u>		
The District will	l ☐ (or) w	ill not 🛛 receive reimburseme	ent from outside sources.
		eting will provide information d to the design of teacher effec	and opportunities to discuss the latest research and ctiveness and practices.
Outcomes and a	cademic ber	nefits to students and staff:	
Submitted by:	Signature	li Dalentin	3/21/11 Date
	Principal/Si	ipervisor	Date
	Associate S	TWVWW WWYTY uperintendent/Superintendent	<u>3/21/11</u> Date
	00001440	ap a mondant supermondent	Duit

EMPLOYEE(S)	: Patrick Nel	son Roseanne Lo	pez SCHO	OOL: <u>District Offices</u>
P	Patti Green	nleaf Rob Henikm	<u>nan</u> De	partment (opt.):
	Jon Lansa		DAT	E(S): <u>6/25/11 - 6/30/11</u>
				Education) Conference
LOCATION:	<u>Pennsylvania</u>	Convention Center, l	Philadelphia, PA	
ABSENCE:	# Days 6 S	lub Required: Yes	⊠No	# of School Days Missed 0
EXPENSES RE	QUESTED: (O	BTAIN RECEIPTS F	OR ALL INCURI	RED EXPENSES)
		APPROXIMATE CO	<u>OST</u>	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds ar require a budget code.)
Registra	tion <u>\$ 1,8</u>	<u>50</u>		150/159.11.100,2210.551.6360
Transpo	ortation \$ 3,4	<u>70</u> Mod	de <u>air/cab</u>	150/159.11.100.2210.551.6582
Rental C	Car	-		
Meals	\$ 1,77	<u>′0</u>		150/159.11.100.2210.551.6582
Lodging	\$ 4.2	<u>60</u>		150/159.11.100.2210.551.6582
Substitu	tes	-		
TOTA	L <u>\$11,3</u> :	<u>50</u>		
All expenses wi	ll be paid with i	federal funds designa	ated for technolog	gy professional development.
The District will	(or) will no	ot 🛭 receive reimbu	rsement from outs	ide sources.
		ut standards and ass decision-making and		for faculty and tech programs; explore tactics ederal mandates.
		s to students and staff: h 21st century skills.		of technology to improve outcomes for all
Submitted by:				
• -	Signature			Date
Ĩ	Principal/Supery	isor //		Date
	- 1	- John States	ا سامل	2.22-11
- 1	Associate Superi	intendent/Superintend	ent	Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

SCHOOL: <u>Harelson</u>			
ESTIMATED NUMBER O	F STUDENTS: 9		
NAME OF SCHOOL GRO	UP/CLUB/ENTITY: Harels	son Chess 1	<u>[eam</u>
or Patrick Holehan, Ko	eith Hudson, Andrea Ly	nbarger or	zersky, Debbi Omizo, Jamie Holehan Lonnie Lybarger, Chris Rouille or or Ed Wong, Amanda Mateer (Coach)
ABSENCE: # Days	Sub Required: Yes	⊠ No	# of School Days Missed 4
ACTIVITY / EVENT / P Elementary (K-6) Cham		S Chess F	ederation/2011 Burt Lerner National
DESTINATION OF TRAV	EL: Dallas, TX		
DATES OF TRAVEL: 05/ (ACADEMIC BENEFITS T	05/2011 - 05/09/2011 O STUDENTS: <u>See Attac</u>	hed	
PROPOSED METHOD OF District-owned vehicles Transportation approval: Other <u>Airplane</u>	1		
Are expenses paid from any Parent Organization	of the following accounts?	Auxiliary <u>x</u> Ta	ax Credits <u>x</u> Club Funds
EXPENSES REC	QUESTED: (OBTAIN REC	EIPTS FOR	ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration 00-100-1001-107-6892	<u>\$450</u>		526-00-100-1001-107-6892 and 525-
Transportation 00-100-1001-107-6515	<u>\$5,400</u>		526-00-100-1001-107-6515 and 525-
Meals			

Lodging 00-100-2190-107-689	<u>\$4,320</u> <u>2</u>	526-00-100-2190-107-6892 au	id 525-
Substitutes	**********		
TOTAL	\$10,170		
WILL THE DISTRIC	T RECEIVE REIMBURSEN	MENT? No	
IF SO, SOURCE & A			
HOW ARE CHAPER	ONE EXPENSES PAID? <u>T</u>	ax Credits	
COST TO EACH STU	JDENT \$ <u>776</u>		
HOW IS THIS TRAY PROVISIONS)? <u>N/A</u>	VEL MADE AVAILABLE	TO ALL ELIGIBLE STUDENTS (LOW FAMILY II	NCOME
FUNDING SOURCE	(S): <u>N/A</u>		
FUNDRAISING ACT Chess Tournaments	TIVITIES PLANNED (If app	ilicable):	
	1 1		
SUBMITTED BY:	Signature Sylva	Neg <u>5191</u> 11 Date	
A DDD OVED DV	Andre Ti-	V.emman 3/9/11	
APPROVED BY:	Principal/Supervisor	Date	
	Fatrick	West 3-21-11	

Associate Superintendent/Superintendent

Date