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

EMPLOYEE(S): Jon Lansa, Michael Capizzi, Denise Heagle SCHOOL: AHS David Humphreys, Gwen Kane, Marty Roth Department (opt.): DATE(S): 7/26/11 - 7/29/11 John Willis, Jessica Winter ACTIVITY/EVENT: Avid Summer Institute LOCATION: San Diego, CA ABSENCE: # Days 3 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 100.11.100.2210.281.6360 2,543.00 Transportation 2,640.00 _____Mode air____ 100.11.100.2210.281.6582 Rental Car 552.00 100.11.100.2210.281.6582 Meals 1,416.00 100.11.100.2210.281.6582 Lodging 3,720.00 100.11.100.2210.281.6582 Substitutes NA NA TOTAL 12,871.00

The District will \Box (or) will not \boxtimes 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, AVID elective teachers, and content area teachers. This program will be put in place at Amphi High School to coordinate with the AVID programs currently in place at Amphi Middle School and La Ciman Middle School.

Outcomes and academic benefits to students and staff: <u>Teachers will learn effective instructional practices and our</u> site team will explore data to construct an action plan for effective implementation at our site. The AVID program targets our underserved students (minority and average achievers), provides quality staff development for teachers, helps schools build community support systems for school success, and address how to grant equitable access to rigorous curricula for all students.

Submitted by:	Sansalah	53	
-	Signature	Date	1/1
	AHIT CAME	5/2 - Polis	[6]1]
	Principal/Supervisor	Date / Cat	·
	Patrich Welson	5-25-11	
	Associate Superintendent/Superintendent	Date	
rev. 9/2			

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

EMPLOYEE(S): <u>Ta</u>	ssi <u>Call, Gordon Gow</u>	er, Michael Powers,	Jennifer Quieruga, Peter Salazar, Theresa Eckley,			
<u>Ron Pierce, Tanya W</u>	<u>all</u>	S	CHOOL: <u>AMS</u>			
			Department (opt.):			
		Γ	DATE(S): July 26-29, 2011			
ACTIVITY/EVENT: A	VID Conference					
LOCATION: <u>Town</u>	and Country Resort	Hotel				
500 Hotel Circle Nort	<u>h</u>					
San Diego, CA 92108						
<u>1-800-772-8527</u>						
and a second statement of and a	ABSENCE: # Days 0 Sub Required: Yes No # of School Days Missed 0 EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)					
	,					
	<u>APPROXIM</u>	<u>ATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u> (Note: Tax credit contributions are District funds and require a budget code.)			
Registration	<u>5200.00</u>		<u>100-12-100-2210-166-6360</u>			
Transportation	n <u>2483.20</u>	Mode <u>Air</u>	<u>100-11-100-2210-166-6582</u>			
Rental Car	<u>486.20</u>		100-12-100-2210-166-6582			
Meals	<u>1500.00</u>		100-12-100-2210-166-6582			
Lodging	2500.00		100-12-100-2210-166-6582			
Substitutes	<u>000.00</u>		<u>N/A</u>			
TOTAL	<u>12,169.40</u>					

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

Purpose of travel: <u>AVID (Advancement Via Individual Determination) training for our AVID Site Team to support</u> the implementation of the program at our site. This will include our District Director, Site Coordinator, AVID elective teachers, and content area teachers.

Outcomes and academic benefits to students and staff: <u>Teachers will learn effective instructional practices and our</u> site team will explore data to construct an action plan for effective implementation at our site. The AVID program targets our underserved students (minority and average achievers), provides quality staff development for teachers, helps schools build community support systems for school success, and address how to grant equitable access to rigorous curricula for all students.

-22 4 91 Submitted by: Date Signature Date 5 TColi 4/21/11 Principal/Supprvisor W 75 11 NIL a A Associate Superintendent/Superintendent Date

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rev. 9/21/05

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

EMPLOYEE(S):	<u>Clara I</u>	Estev	SCHO	OOL: AHS
			De	partment (opt.): Modern Languages
			DAT	E(S): <u>7/31/11 thru 8/4/11</u>
	-	-		
ACTIVITY/EVENT	: <u>AP su</u>	<u>immer institute</u>		
LOCATION: Sa	n Marco	<u>os, CA</u>		
ABSENCE: #1	Days <u>4</u>	Sub Required:	Yes 🖾 No	# of School Days Missed 0
EXPENSES REQUI	ESTED:	(OBTAIN RECEIP	TS FOR ALL INCURE	RED EXPENSES)
		<u>APPROXIMAT</u>	<u>e cost</u>	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>6</u> :	<u>50.00</u>		001.00.100.2210.281.6360
Transportat	tion <u>3(</u>	00.00	Mode <u>AIR</u>	001.00.100.2210.281.6582
Rental Car	34	<u>50.00</u>		00100.100.2210.281.6582
Meals	<u>80</u>	0. 0 0		001.00.100.2210.281.6582
Lodging	<u>37</u>	20.00		001.00.100.2210.281.6582
Substitutes	Ū	-		
TOTAL	1	700.00		

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

Purpose of travel: Professional development. AP Summer Institute in California State University at San Marcos near San Diego

Outcomes and academic benefits to students and staff: Will be learning and aware of the new updates for French AP exam

Submitted	by:	
		C:

cene.	5-11
Signature	Date
Attuis Sarris	5/10
Principal/Supervisor	Date
- Hatrich Ulloon	5-25-11
A crociete Superintendent/Superintendent	Date

Associate Superintendent/Superintendent

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

EMPLOYEE(S):	Don	n <u>a O</u>	llson Shreve	Departi	: <u>Holaway</u> ment (opt.): <u>REACH</u>
		-		DATE(S)	: <u>November 26, 2011-December 5, 2011</u>
ACTIVITY/EVE	NT: <u>Pec</u>	ople-	to-People Citizen Ambassado	r Programs Su	pervision and Curriculum Development
Delegation trave	ling to (Chin	<u>a</u>		
LOCATION:	<u>China</u>				
ABSENCE:	# Days	<u>6</u>	Sub Required: 🗌 Yes 🛛 No	# c	of School Days Missed <u>6</u>
EXPENSES REQ	UESTE	D: (OBTAIN RECEIPTS FOR AL	L INCURRED	EXPENSES)
			APPROXIMATE COST		BUDGET CODE/DESCRIPTION ote: Tax credit contributions are District funds and utre a budget code.)
Registrati	ion	<u>0</u>			
Transpor	tation	<u>0</u>	Mode	<u> </u>	
Rental Ca	ır	<u>0</u>			
Meals		<u>0</u>			
Lodging		<u>0</u>			
Substitute	es	<u>0</u>			
TOTAL		<u>0</u>			

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

Purpose of travel: <u>To participate in a bilateral exchange with educational counterparts in China under the auspices</u> of People to People Citizen Ambassador Programs

Outcomes and academic benefits to students and staff: <u>To increase the global awareness of students; to share with</u> staff teaching and learning in China, focusing on systemic reform as tied to economic development and growth.

Submitted by: mare the there	5-12-11
Signature	Date
Principal/Supervisor	$\frac{2}{D_{\text{ate}}}$
Associate Superintendent/Superintendent	$\frac{\partial \partial \gamma}{\partial te}$

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

EMPLOYEE(S)		ick Nelson perintendency Institut	I	DATE(S): <u>7/19</u>	(opt.): <u>School Operations</u> 0-7/23/2011
LOCATION:		polis, Indiana	e of America Sun	mier Comerer	
ABSENCE:	# Days	5 Sub Required:]Yes 🖾No	# of Sch	ool Days Missed 🧕
EXPENSES RE	QUESTE	ED: (OBTAIN RECEI	TS FOR ALL INC	CURRED EXP	ENSES)
		APPROXIMAT	T <u>E COST</u>	(Note: T	BUDGET CODE/DESCRIPTION ax credit contributions are District funds and budget code.)
Registra	ation	<u>599.00</u>		<u>140.11.1</u>	00.2210.510.6360
Transp	ortation	<u>500.00</u>	Mode <u>air</u>	<u>140.11.1</u>	00.2210.510.6582
Rental (Car	<u>350.00</u>		<u>140.11.1</u>	00.2210.510.6582
Meals		<u>300.00</u>		<u>140.11.1</u>	00.2210.510.6582
Lodging	g	<u>700.00</u>		<u>140.11.1</u>	00.2210.510.6582
Substitu	utes				
ΤΟΤΑ	L	<u>2,449.00</u>			
		will not receive r		n outside source	2 5.
Outcomes and a	academic	benefits to students and	staff:		
Submitted by:	Signature	Vieli Galenti	The	Date	
	Principal	/Supervisor		Date	
	Associate	e Superintendent/Super	intendent	Date	

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rev. 9/21/05

AMPHITHEATER PUBLIC SCH(M)LS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <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>

SCHOOL: AMS

ESTIMATED NUMBER OF STUDENTS: 4

NAME OF SCHOOL GROUP/CLUB/ENTITY: MESA Club

STAFF ADVISOR(S)/CHAPERONES: Ron Pierce

ABSENCE: # Days 5 Sub Required: 🗌 Yes 🛛 No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: <u>To compete at MESA USA National Design</u> <u>Competition</u>

DESTINATION OF TRAVEL: Seattle, WA.

DATES OF TRAVEL: June 23 - 27, 2011

ACADEMIC BENEFITS TO STUDENTS: <u>Students will be able to compete against other MESA</u> clubs from the other MESA states. As a result, the students will interact with other students and adults that are college focused and share similar interests. The overall mission of MESA is to have students focus on a long term project, similar to what college students do, in an effort to get them to think beyond high school and toward college and STEM careers. This has made students more aware of their academic progress and many of the AMS MESA kids have expressed a desire to go to college to become engineers, scientists, musicians, and many other careers. It is our duty to try and make that dream a reality. The benefit to students is that caring adults will help them focus their goals and help them achieve them.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _

Other Commericial Air carrier and public and private transportation while in Scattle.

Are expenses paid from any of the following accounts? Auxiliary <u>x</u> Task Credits <u>x</u> Club Funds <u>x</u> Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROX. COST

0.00

BUDGET CODE

Registration

Transportation 0.00 (Paid for by MESA)

750.00

Meals

250-00-100-1001-166-6892

Lodging400.00 (Partially paid for by MESA)

<u>0-00-100-1001-166-6892</u>

Substitutes 0.00

TOTAL <u>1150.00</u>

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No budgeted district funds will be utilized, the club has been raising their own funds all year and are continuing to do so. IF SO, SOURCE & AMOUNTS: 0

HOW ARE CHAPERONE EXPENSES PAID? By the club and AZ HESA

COST TO EACH STUDENT \$ 0

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? <u>AZ MESA will pay for air transportation, lodging, transporation and event costs, some meals will also be included.</u>

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FUNDING SOURCE(S): _____

FUNDRAISING ACTIVITIES PLANNED (If applicable): On going fund raising activities have been in place all year, MESA store, Car Show, Discount Cards, and Silent Auction.

SUBMITTED BY: ACL R	5-17-20()
APPROVED BY:	50111
Principal/Supervisor	Date
Fatral nelon	5-25-11

Associate Superintendent/Superintendent

Datc

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: AHS

ESTIMATED NUMBER OF STUDENTS: 14

NAME OF SCHOOL GROUP/CLUB/ENTITY: Boys Basketball

STAFF ADVISOR(S)/CHAPERONES: Ben Hurley, Marty Roth, Pat Derksen, Sohaib Fellah

ABSENCE: # Days <u>4</u> Sub Required: \Box Yes \boxtimes No # of School Days Missed <u>0</u>

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Summer Basketball Tournament

DESTINATION OF TRAVEL: San Diego, CA

DATES OF TRAVEL: <u>June 16th - 19th, 2011</u> ACADEMIC BENEFITS TO STUDENTS: <u>Competition</u>

PROPOSED METHOD OF TRANSPORTATION: District-owned vehicles Transportation approval: Other <u>Rental vans through Enterprise Car Rental</u>

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits <u>YES</u> Club Funds <u>YES</u> Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>450.00</u>	<u>8500010034002816892</u>
Transportation	<u>1200.00</u>	<u>5260010034002816519</u>
Meals	600.00	8500010034002816892
Lodging	2000.00	8500010034002816892
Substitutes	<u>N/A</u>	
TOTAL	<u>4250.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? <u>NO</u> IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? Caperones pay their own expenses outside of meals.

COST TO EACH STUDENT \$ 250.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? <u>Club Funds</u>

FUNDING SOURCE(S): Club Funds and Tax Credit

FUNDRAISING ACTIVITIES PLANNED (If applicable): Summer sponsor donations, Free throw fundraiser

SUBMITTED BY: Benkinle <u>5-17-2011</u> Signature Date <u>5/25</u>/1 Date APPROVED BY Princip upervisor 5-25-11

Associate Superintendent/Superintendent

Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <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>

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 3

NAME OF SCHOOL GROUP/CLUB/ENTITY: FCCLA - Early Childhood, FCCLA- Culinary Arts

STAFF ADVISOR(S)/CHAPERONES: Yvonne Bernino & Jennifer Atteberry-Pierpont

ABSENCE: # Days $\underline{0}$ Sub Required: \Box Yes \boxtimes No # of School Days Missed $\underline{0}$

ACTIVITY / EVENT / PURPOSE OF TRAVEL: FCCLA NATIONAL Leadership Conference

DESTINATION OF TRAVEL: Anaheim, California

DATES OF TRAVEL: July 7-14, 2011 ACADEMIC BENEFITS TO STUDENTS: <u>The students will have the opportunity to compete at a national</u> <u>conference and attend leadership sessions.</u>

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval:
Other

Are expenses paid from any of the following accounts? Auxiliary <u>X</u> Tax Credits <u>XX</u> Club Funds <u>X</u> Parent Organization <u>X</u>

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>1,458.00</u> <u>2,307.00</u>	400.11.270.2190.282.6360 596.00.270.2190.282.6892
Transportation	<u>450.00</u> <u>675.00</u>	<u>400.11.270.2190.282.6582</u> <u>400.11.270.2190.282.6519</u>
Meals	<u>826.00</u> \$1,239.00	400.11.270.2190.282.6582 Student paid
Lodging	<u>1,236.00</u> <u>1,854.00</u>	<u>400.11.270.2190.282.6582</u> 596.00.270.2190.282.6892 / 526/850.00.100.3400.282.6892
Substitutes	-	
TOTAL	<u>\$10,045</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? n/a IF SO, SOURCE & AMOUNTS:

HOW ARE CHAPERONE EXPENSES PAID? yes

COST TO EACH STUDENT \$ 200.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? students can request for financial assistance from club funds and tax credits

FUNDING SOURCE(S): CTE/JTED and club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable): <u>n/a</u>

SUBMITTED BY Jul Covert Work Bernin	51011
Signature	Date
APPROVED BY: Marcin Violor pol	5/12/11
Principal/Supervisor	Date
Fatrich Wilm	5-19-1
Associate Superintendent/Superintendent	Date

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Associate Superintendent/Superintendent

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> 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 $\underline{0}$ Sub Required: \Box Yes \boxtimes No # of School Days Missed $\underline{0}$

ACTIVITY / EVENT / PURPOSE OF TRAVEL: ASICS SC Wrestling Tournament

DESTINATION OF TRAVEL: Santa Ana, CA

DATES OF TRAVEL: 6/24-26/2011

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

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval:
Other Van Rental

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$275.00</u>	<u>526/850-00-100-3400-280</u> -6892
Transportation	<u>\$982.00</u>	<u>526/850-00-100-3400-280-6519</u>
Meals		
Lodging	<u>\$800.00</u>	<u>526/850-00-100-3400-280-6892</u>
Substitutes		
TOTAL	<u>\$2,057.00</u>	

rev. 10/1/07

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

HOW ARE CHAPERONE EXPENSES PAID? self paid

COST TO EACH STUDENT \$0

APPROVED BY:

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: Signature

Principal/Supervisor

<u>5/16/11</u> Date <u>5/17</u>/11 Date

Mychael Byar

Associate Superintendent/Superintendent

5-19-11

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: IRHS

ESTIMATED NUMBER OF STUDENTS: 36

NAME OF SCHOOL GROUP/CLUB/ENTITY: Cross Country

STAFF ADVISOR(S)/CHAPERONES:	Rob Clouse, Garv F	orrest, Krystal and Eric Wilkinson

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Cross Country Meet at Mt. Carmel, CA

DESTINATION OF TRAVEL: San Diego, CA

DATES OF TRAVEL: 9/16-18/2011 ACADEMIC BENEFITS TO STUDENTS: N/A

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval: Tour Bus
Other_____

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$ 275.00</u>	<u>526/850-00-3400-28</u> 0-6892
Transportation	<u>\$3,000.00</u>	<u>526/850-00-3400-280-6519</u>
Meals	<u>\$1,800.00</u>	<u>526/850-00-3400-280-6892</u>
Lodging	<u>\$2,200.00</u>	<u>526/850-00-3400-280-6892</u>
Substitutes	<u>\$108.50</u>	<u>530-00-100-3400-280-6113</u>
TOTAL	<u>\$7,383.50</u>	

rev. 10/1/07

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

HOW ARE CHAPERONE EXPENSES PAID? Not Paid

COST TO EACH STUDENT \$ \$200.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? We have funds in our TAX Credit account to accommodate athletes unable to pay.

FUNDING SOURCE(S): Tax Credit/Non-Tax Credit

FUNDRAISING ACTIVITIES PLANNED (If applicable): None

SUBMITTED BY 5/11/11 Signature Date APPROVED BY: Principal/Superviso Date 5-20-11 Date

Associate Superintendent/Superintendent

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <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>

SCHOOL: IRHS

ESTIMATED NUMBER OF STUDENTS: 85

NAME OF SCHOOL GROUP/CLUB/ENTITY: Ironwood Ridge Marching Band

STAFF ADVISOR(S)/CHAPERONES: <u>Mark/Rachelle Hodge, John/Paula Dorer, Sharon Singer, Kim</u> <u>Meyer, Brian Mecham, Glenn/Gloria Singleton, Lee/Freci Smith, Paul Kraft and Tina Gillette</u>

ABSENCE: # Days $\underline{0}$ Sub Required: \Box Yes \boxtimes No # of School Days Missed $\underline{0}$

ACTIVITY / EVENT / PURPOSE OF TRAVEL: To attend a judged performance on the White House Elipse. Also, to visit and explore United States National Monuments and Museums in Washington D.C.

DESTINATION OF TRAVEL: Washington D.C.

DATES OF TRAVEL: 10/8/11 thru 10/12/11

ACADEMIC BENEFITS TO STUDENTS: <u>The students will be judged by a national panel and their</u> comments will help us prepare for our state festival and championships. The students will also have the opportunity to visit the National Monuments and Museums.

PROPOSED METHOD OF TRANSPORTATION: District-owned vehicles Transportation approval: Other <u>Air to D.C. and Charter Bus travel while in the D.C. area</u>

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROX. COST

ATTROA. CODI

Registration <u>\$37,905.00</u>

Transportation \$45,125.00

Meals \$11,875.00

Lodging **\$00.00**

BUDGET CODE

526/850-00-100-3400-280-6892

<u>526/850-00-100-3400-280-6519</u>

526/850-00-100-3400-280-6892

Inlcuded in Registration Fee

Substitutes \$0.00

TOTAL **\$94,905.00**

WILL THE DISTRICT RECEIVE REIMBURSEMENT? <u>No</u> IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? Chaperones will pay there own way

COST TO EACH STUDENT \$ 1,000.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? <u>We will commence fundraising as soon as the trip is approved by the district.</u> <u>The students will have opportunities from a number of fundraisers. Golf Tournament, Rock the</u> <u>Ridge, March the Ridge, Restaurant Nights</u>

FUNDING SOURCE(S): Band Club Account & Tax Credit

FUNDRAISING ACTIVITIES PLANNED (If applicable): <u>Golf Tournament</u> <u>Rock the Ridge</u> <u>March the Ridge</u> <u>Restaruant Nights</u> <u>Cookie Dough</u> <u>Silent Auction</u>

SUBMITTED BY: Ignature

5-10-11

Date

APPROVED BY:

Muhal Big-Principal/Supervisor

5-10-11 Date

Patrick The

nt

Date

5/210/11

Associate Superintendent/Superintendent