

**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): Angela Robinson

SCHOOL: CDO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department (opt.): International Baccalaureate

DATE(S): July 25-29, 2011

ACTIVITY/EVENT: International Baccalaureate Training

LOCATION: Montezuma, New Mexico

ABSENCE: # Days 5 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>\$1109.00</u>		<u>140-11-100-2210-510-6360</u>
Transportation	<u>\$ 500.00</u>	Mode <u>air</u>	<u>140-11-100-2210-510-6582</u>
Rental Car	<u>\$0</u>		_____
Meals	<u>\$25</u>		<u>140-11-100-2210-510-6582</u>
Lodging	<u>\$0</u>		_____
Substitutes	<u>\$0</u>		_____
TOTAL	<u>\$1634.00</u>		

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

Purpose of travel: The teacher will receive training to become a fully certified International Baccalaureate teacher. Registration fee includes all meals and lodging.

Outcomes and academic benefits to students and staff: The teacher will be able to work in Canyon del Oro's International Baccalaureate Programme.

Submitted by:

Signature \_\_\_\_\_

\_\_\_\_\_ Date

*Marcia Velpe*

5/27/11

Principal/Supervisor \_\_\_\_\_

\_\_\_\_\_ Date

*Patricia Nelson*

6-3-11

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): Dr. Roseanne Lopez \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL: District Offices  
Department (opt.): \_\_\_\_\_

DATE(S): August 22-25, 2011

ACTIVITY/EVENT: Teacher Incentive Fund Grantee Meeting

LOCATION: Washington, DC

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

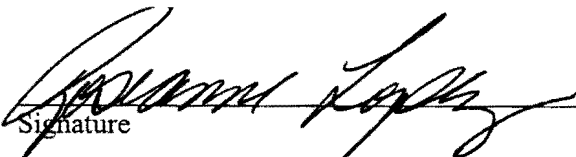
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

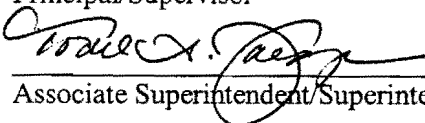
	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>0</u>		_____
Transportation	<u>\$480</u>	Mode <u>Air</u>	<u>325-12-100-2290-515-6582</u>
Rental Car	<u>0</u> _____		
Meals	<u>\$236.00</u>		<u>325-12-100-2290-515-6582</u>
Lodging	<u>\$650</u>		<u>325-12-100-2290-515-6582</u>
Substitutes	_____		_____
TOTAL	<u>\$1366.00</u>		

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

Purpose of travel: To attend the final meeting of the Cohort 2 TIF Grantees.

Outcomes and academic benefits to students and staff: The district will have complete and updated information regarding program requirements and final reporting requirements. Information from other grantees will be shared for potential use in any future performance pay designs.

Submitted by:  6/8/2011  
Signature Date

\_\_\_\_\_  
Principal/Supervisor Date  
 6/9/11  
Associate Superintendent/Superintendent Date