

**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: 15

NAME OF SCHOOL GROUP/CLUB/ENTITY: Boys Basketball

STAFF ADVISOR(S)/CHAPERONES: Ben Hurley, Ronnie Lise, Justin Holbrook, Joey Bemis

ABSENCE: # Days 4 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Point Loma University Tournament - Varsity
Basketball Tournament/Competition

DESTINATION OF TRAVEL: Point Loma Nazarene University 3900 Lomaland Dr.
San Diego, CA 92106

DATES OF TRAVEL: 6/21/2018 - 6/24/2018

ACADEMIC BENEFITS TO STUDENTS: Students will compete with other high schools from
California.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Rental Vans from Enterprise

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>\$375.00</u>	<u>850/526-00-100-1001-281-6892</u>
Transportation	<u>\$1,200.00</u>	<u>850/526-00-100-1001-281-6519</u>
Meals	<u>\$1,000.00</u>	<u>850/526-00-100-1001-281-6892</u>
Lodging	<u>\$2,180.70</u>	<u>850/526-00-100-1001-281-6892</u>
Substitutes	_____	_____

TOTAL \$4,755.70

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **No**
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? **Club account**

COST TO EACH STUDENT \$ **0.00**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Club account; Tax Credit**

FUNDING SOURCE(S): **In-season fundraiser and Summer Sponsors**

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: Bee Hurley 4/3/18
Signature Date

APPROVED BY: Glenda Kuffa 4/3/18
Principal/Supervisor Date

Maria Nelson 4/17/18
Associate Superintendent/Supintendent Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: Biotechnology III

STAFF ADVISOR(S)/CHAPERONES: Jacqueline Picton

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Jack Picton was chosen to present his research project at the International Science Fair in Pittsburgh, PA

DESTINATION OF TRAVEL: David L. Lawrence Convention Center, Pittsburgh, PA

DATES OF TRAVEL: May 13-18, 2018

ACADEMIC BENEFITS TO STUDENTS: Student has an opportunity to present his independent research project in a National Competition

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other air

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>\$0.00</u>	_____
	_____	_____
Transportation	<u>\$00</u>	_____
	_____	_____
Meals	<u>\$0.00</u>	_____
	_____	_____
Lodging	_____	_____
	_____	_____
Substitutes	<u>0.0</u>	_____

TOTAL

\$0.00

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

HOW ARE CHAPERONE EXPENSES PAID? yes, SARSEF

COST TO EACH STUDENT \$ None

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? not applicable

FUNDING SOURCE(S): SARSEF- all expenses are being paid for student and chaperone by SARSEF

FUNDRAISING ACTIVITIES PLANNED (If applicable):
None

SUBMITTED BY:

[Signature]
Signature

4/17/18
Date

APPROVED BY:

[Signature]
Principal/Supervisor

4/17/18
Date

[Signature]
Associate Superintendent/Superintendent

4/18/18
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: Auto Club

STAFF ADVISOR(S)/CHAPERONES: Jeremy Tarbet

ABSENCE: # Days 7 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Skills USA National Competition

DESTINATION OF TRAVEL: Louisville, KY

DATES OF TRAVEL: June 24-June 30, 2018

ACADEMIC BENEFITS TO STUDENTS: Student will be competing at the national level CTSO competition. Opportunity for scholarships, networking, skill development, and recognition.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Southwest Airlines

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
	<u>\$180.00</u>	
Registration	<u>\$180.00</u>	<u>400-18-311-2190-282-6892</u>
		<u>526/850-00-100-1001-282-6892</u>
	<u>Included</u>	
Transportation	_____	_____
	<u>\$236.50</u>	
Meals	<u>Student self-paid</u>	<u>400-18-311-2190-282-6582</u>

	<u>\$1429.00</u>	
Lodging	<u>\$1429.00</u>	<u>400-18-311-2190-282-6582</u>
		<u>526/850-00-100-1001-282-6892</u>
Substitutes	_____	_____

TOTAL

\$3454.50

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

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ _____

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

FUNDING SOURCE(S): CTE, Tax Credit, Club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: _____

Signature

Date

APPROVED BY: _____

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: Construction Club

STAFF ADVISOR(S)/CHAPERONES: Joshua Ronstadt

ABSENCE: # Days 7 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Skills USA National Competition

DESTINATION OF TRAVEL: Louisville, KY

DATES OF TRAVEL: June 24-June 30, 2018

ACADEMIC BENEFITS TO STUDENTS: Student will be competing at the national level CTSO competition. Opportunity for scholarships, networking, skill development, and recognition.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Southwest Airlines

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>\$180.00</u> <u>\$180.00</u>	<u>400-18-318-2190-282-6892</u> <u>526/850-00-100-1001-282-6892</u>
Transportation	<u>Included</u> _____	_____ _____
Meals	<u>\$236.50</u> <u>Student self-paid</u>	<u>400-18-318-2190-282-6582</u> _____
Lodging	<u>\$1429.00</u> <u>\$1429.00</u>	<u>400-18-318-2190-282-6582</u> <u>526/850-00-100-1001-282-6892</u>
Substitutes	_____	_____

TOTAL

\$3454.50

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

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ 0

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

FUNDING SOURCE(S): CTE, Tax Credit, Club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY:

[Signature]
Signature

4-9-18
Date

APPROVED BY:

Tara Bully
Principal/Supervisor

4-16-18
Date

[Signature]
Associate Superintendent/Superintendent

4/18/18
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 2

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

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

ABSENCE: # Days 7 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

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

DESTINATION OF TRAVEL: Atlanta, GA

DATES OF TRAVEL: June 27-July 3, 2018

ACADEMIC BENEFITS TO STUDENTS: The students will attend national leadership training and compete against students from across the country.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Air travel

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>\$1,200.00</u>	<u>260-18-325-2190-282-6892</u>
Transportation	<u>\$1,200.00</u>	<u>260-18-460-2710-282-6519</u>
	<u>\$376.00</u>	<u>260-18-325-2190-282-6582</u>
Meals	<u>self-paid</u>	_____
	<u>\$1555.00</u>	<u>260-18-325-2190-282-6582</u>
Lodging	<u>\$1250.00</u>	<u>260-18-325-2190-282-6892</u>
	<u>\$500.00</u>	<u>526/850-00-100-1001-282-6892</u>
Substitutes	_____	_____

TOTAL

\$6081.00

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

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ 250.00

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

FUNDING SOURCE(S): CTE/Club Funds/Tax Credit

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: _____

Signature

3/12/18
Date

APPROVED BY: _____

Principal/Supervisor

4/16/18
Date

Associate Superintendent/Superintendent

Associate Superintendent/Superintendent

4/18/18
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): Eric Rossi David Humphreys

SCHOOL: AHS

Leighann Reynolds _____

Department (opt.): _____

DATE(S): 6/21-6/23/18

ACTIVITY/EVENT: Cambridge Schools Conference

LOCATION: Marriott Biscayne Bay, 1633 N. Bayshore Dr. Miami, FL 33132

ABSENCE: # Days 3 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

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>\$ 1,459.20</u>	<u>100.18.100.2210.281.6360</u>
Transportation	<u>\$ 2,140.77</u> Mode <u>Air</u>	<u>100.18.100.2210.281.6582</u>
Rental Car	_____	_____
Meals	<u>\$ 351.75</u>	<u>100.18.100.2210.281.6582</u>
Lodging	<u>\$540.00</u>	<u>100.18.100.2210.281.6582</u>
Substitutes	_____	_____
TOTAL	<u>\$ 3,951.72</u>	

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

Purpose of travel: Cambridge Schools Conference. First North American conference of its kind. We will be able to network and gain large amounts of information on this program and the uses other schools have found for it.

Outcomes and academic benefits to students and staff: This conference will give us a new vision for the program, how it is used in conjunction with other honors programs, and how to best reach/teach our students in the given program.

The travel is necessary for the implementation of the project funding the travel.

Submitted by: [Signature] 4/2/18
Signature Date

[Signature] 4/2/18
Principal/Supervisor Date

[Signature] 4/17/18
Associate Superintendent/Superintendent Date

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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): Tenaya Snider _____

SCHOOL: CDO

Department (opt.): IB

DATE(S): June 24-28, 2018

ACTIVITY/EVENT: IB Language A: Literature Category 2 Training

LOCATION: Lake Tahoe, CA

ABSENCE: # Days 5 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

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>\$ 890.00</u>	<u>001-00-100-2210-282-6360</u>
Transportation	<u>\$ 600.00</u> Mode <u>airline</u>	<u>001-00-100-2210-282-6582</u>
Rental Car	<u>\$ 200.00 (shuttle)</u>	<u>001-00-100-2210-282-6582</u>
Meals	<u>included in lodging</u>	_____
Lodging	<u>\$ 838.00</u>	<u>001-00-100-2210-282-6582</u>
Substitutes	<u>\$ 0.00</u>	_____
TOTAL	<u>\$2,528.00</u>	

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

Purpose of travel: Training in Literature in order to teach IB courses at CDO and meet the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for rigorous broad and balanced, yet academically demanding programme of study with the development of critical-thinking and reflective skills for student achievement.

Submitted by: _____

Signature

4-11-18

Date

Tenaya Snider
Principal/Supervisor

4-16-18
Date

Associate Superintendent/Superintendent

4-17-18
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): Lynn Marinelli

SCHOOL: District Offices

Department (opt.): Speech and Hearing

DATE(S): 7/20/18 to 7/22/18

ACTIVITY/EVENT: American Speech-Language Hearing Association (ASHA) Connect 2018

LOCATION: Baltimore, MD

ABSENCE: # Days 3 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>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$399.00</u>	<u>001-00-213-2210-543-6360</u>
Transportation	_____ Mode _____	_____
Rental Car	_____	_____
Meals	_____	_____
Lodging	<u>\$750.00</u>	<u>001-00-213-2210-543-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$1149.00</u>	

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

Purpose of travel: Professional Development

Outcomes and academic benefits to students and staff: Increase new intervention strategies for development of speech and language skills and to increase knowledge of new diagnostic tools available.

Submitted by: Lynn Marinelli

Signature

4/12/18
Date

[Signature]
Principal/Supervisor

4/12/18
Date

[Signature]
Associate Superintendent/Superintendent

4/17/18
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): Rob Girard _____

SCHOOL: CDO

Department (opt.): IB

DATE(S): July 5-8, 2018

ACTIVITY/EVENT: IB Theory of Knowledge Category 3 Training

LOCATION: Albuquerque, New Mexico

ABSENCE: # Days 4 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>\$1,369.00</u>		<u>140-18-100-2210-510-6360</u>
Transportation	<u>\$ 800.00</u>	Mode <u>airline</u>	<u>140-18-100-2210-510-6582</u>
Rental Car	<u>\$ 80.00 Shuttle</u>		<u>140-18-100-2210-510-6582</u>
Meals	<u>\$ 97.75</u>		<u>140-18-100-2210-510-6582</u>
Lodging	<u>Included</u>		_____
Substitutes	<u>0</u>		_____
TOTAL	<u>\$2,346.75</u>		

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

Purpose of travel: To receive updated training on the current subject guide and is a requirement for CDO's five year evaluation.

Outcomes and academic benefits to students and staff: This training will benefit the students by helping them achieve higher levels not only in TOK, but across IB courses as TOK is interdisciplinary with regards to content and skills developed.

Submitted by:

Signature

4-16-18

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

4/18/18
Date