

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): Mike Bejarano \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL: IRHS  
Department (opt.): Administration  
DATE(S): October 3-5, 2011

ACTIVITY/EVENT: NFHS Coach Education Committee

LOCATION: Indianapolis, IN

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

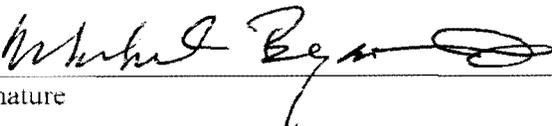
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

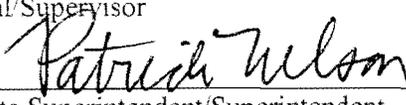
	<u>APPROXIMATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u>
Registration	_____	<u>All expenses paid by NFHS</u>
Transportation	_____ Mode <u>Air</u>	<u>NFHS</u>
Rental Car	_____	_____
Meals	_____	<u>NFHS</u>
Lodging	_____	<u>NFHS</u>
Substitutes	_____	_____
TOTAL	_____	

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

Purpose of travel: Attend NFHS Committee Meeting

Outcomes and academic benefits to students and staff: The purpose of the committee is to develop continued education opportunities for high school coaches.

Submitted by:  8/0811  
Signature Date

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 8-9-11  
Associate Superintendent/Superintendent Date

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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): Beth Malapanes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL: CDO  
Department (opt.): Library  
DATE(S): Oct 27-29, 2011

ACTIVITY/EVENT: American Association of School Librarians National Conference

LOCATION: Minneapolis, MN

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

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	_____	_____
Transportation	_____ Mode _____	_____
Rental Car	_____	_____
Meals	_____	_____
Lodging	_____	_____
Substitutes	_____	_____
TOTAL	<u>0</u>	

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

Purpose of travel: Grant for \$1,000 from the Arizona State Library to attend national conference

Outcomes and academic benefits to students and staff: This will benefit CDO students and CDO teachers in addition to all district library staff as I will share what I learn.

Submitted by: Beth Malapanes \_\_\_\_\_ Date 10/11/11  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Marcia Lopez \_\_\_\_\_ Date 10/11/11  
 Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Fabrick Nelson \_\_\_\_\_ Date 8-2-11  
 Associate Superintendent/Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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: CDO

ESTIMATED NUMBER OF STUDENTS: 19

NAME OF SCHOOL GROUP/CLUB/ENTITY: The Gallery Club/Photo Imaging III

STAFF ADVISOR(S)/CHAPERONES: Lee Street, Linda Dale

ABSENCE: # Days 5 Sub Required:  Yes  No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Photoshop World Conference

DESTINATION OF TRAVEL: Las Vegas, Nevada

DATES OF TRAVEL: September 6 - September 10, 2011

ACADEMIC BENEFITS TO STUDENTS: Real world experience, portfolio reviews from world renowned professional photographers, photography competitions with international community, and photography and Photoshop classes and training.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other Airline

Are expenses paid from any of the following accounts? Auxiliary \_\_\_\_\_ Tax Credits yes Club Funds yes  
Parent Organization yes

**EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)**

Registration	\$3,129.00	526/850-00-100-3400-282-6892
Transportation	\$4,599.00	526/850-00-100-3400-282-6515
Meals	\$ 264.00	526/850-00-100-3400-282-6892
Lodging	\$2,580.00	526/850-00-100-3400-282-6892
Substitutes	\$ 225.00	526/850-00-100-3400-282-6113
<b>TOTAL</b>	<b>\$10,887.00</b>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no

IF SO, SOURCE & AMOUNTS: \_\_\_\_\_

HOW ARE CHAPERONE EXPENSES PAID? \_\_\_\_\_

COST TO EACH STUDENT \$ \$300.00 + meals

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Parent Organization Scholarships, Placement Scholarships (\$1,600)

FUNDING SOURCE(S): \_\_\_\_\_

FUNDRAISING ACTIVITIES PLANNED (If applicable):

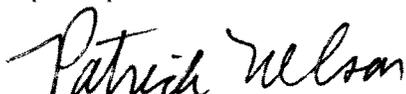
Gallery Openings (Art and gift shop items sold)

SUBMITTED BY:   
Signature

8/10/11  
Date

APPROVED BY:   
Principal/Supervisor

8/10/11  
Date

  
Associate Superintendent/Supervisor

8-15-11  
Date

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: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Art Appreciation Club**

STAFF ADVISOR(S)/CHAPERONES: **Susan Williams, Marisu McNamara, Mike Bejarano, Kate Harrison**

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **We plan to visit the Huntington Museum and Library, The Norton Simon Museum of Art, The Getty Museum, and The LA county Museum of Modern Art.**

DESTINATION OF TRAVEL: **Los Angeles, CA**

DATES OF TRAVEL: **2/22/12 thru 2/26/12**

ACADEMIC BENEFITS TO STUDENTS: **This trip aims to expose students to actual works of art that we've explored as a club, and to supplement their humanities education in other high school classes.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other **Mountain View Charter Coach**

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	<b><u>\$500</u></b>	<b><u>526/850-00-100-3400-280-6892</u></b>
Transportation	<b><u>\$3875</u></b>	<b><u>526/850-00-100-3400-280-6519</u></b>
Meals	<b><u>n/a</u></b>	_____
Lodging	<b><u>\$4000</u></b>	<b><u>526/850-00-100-3400-280-6892</u></b>

Substitutes

n/a

\_\_\_\_\_

TOTAL

\$8375

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

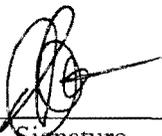
HOW ARE CHAPERONE EXPENSES PAID? through club funds

COST TO EACH STUDENT \$ 425

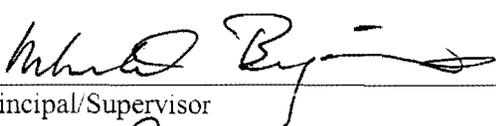
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? fundraising events

FUNDING SOURCE(S): Business and individual tax credits

FUNDRAISING ACTIVITIES PLANNED (If applicable):  
swim meet snack bar, local restaurant nights, student art gallery show and sale

SUBMITTED BY:  (Susan Williams)  
Signature

8/10/11  
Date

APPROVED BY:   
Principal/Supervisor

8/9/11  
Date

  
Associate Superintendent/Superintendent

8-11-11  
Date