

**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): Roseanne Lopez _____SCHOOL: District OfficesDepartment (opt.): Professional PerformanceDATE(S): November 16-18, 2010

ACTIVITY/EVENT: Visit to Rockbridge USD in Lexington, VA to see their implementation of Tyler SIS. This is an extension of a trip to Washington, DC prepaid by the GATES Foundation on November 14 and 15 previously approved by the Governing Board.

LOCATION: Lexington, VA, Rockbridge USDABSENCE: # Days 3 Sub Required: ☐ Yes ☒ No # of School Days Missed _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROXIMATE COSTBUDGET CODE/DESCRIPTION

(Note: Tax credit contributions are District funds and require a budget code.)

Registration	<u>0</u>		_____
Transportation	<u>\$180</u>	Mode <u>Air</u>	<u>325-11-100-2210-515-6582 (TIF)</u>
Rental Car	<u>\$225</u>		<u>325-11-100-2210-515-6582 (TIF)</u>
Meals	<u>\$180</u>		<u>325-11-100-2210-515-6582 (TIF)</u>
Lodging	<u>\$450</u>		<u>325-11-100-2210-515-6582 (TIF)</u>
Substitutes	-		_____

TOTAL \$1035The District will ☒ (or) will not ☐ receive reimbursement from outside sources.

Purpose of travel: To visit a school district who is 2-3 years ahead of our district with the implementation of Tyler SIS and meet with district representatives regarding training structures, communication structures, technical decisions, staffing structures, etc. This is funded through the TIF Grant.

Outcomes and academic benefits to students and staff: It is important to see other implementations first hand for the purposes of our own problem solving and planning as we continue the implementation of our new student data management system.

Submitted by: _____

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

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EMPLOYEE(S): Patrick Nelson Phil Tilicki SCHOOL: District Offices
Marco Dominguez Robert Henikman Department (opt.): School Operations
Michael McConnell _____ DATE(S): 3/23-3/28, 2011

ACTIVITY/EVENT: Association for Supervision and Curriculum Development (ASCD) Annual Conference

LOCATION: San Francisco, California

ABSENCE: # Days 6 Sub Required: ☐ Yes ☒ No # of School Days Missed 1

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>\$3,530.00</u>	<u>140.11.100.2210.510.6360</u>
Transportation	<u>\$3,500.00</u> Mode <u>air</u>	<u>140.11.100.2210.510.6582</u>
Rental Car	_____	_____
Meals	<u>\$1,770.00</u>	<u>140.11.100.2210.510.6582</u>
Lodging	<u>\$3,750.00</u>	<u>140.11.100.2210.510.6582</u>
Substitutes	_____	_____
TOTAL	<u>\$12,550.00</u>	

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

Purpose of travel: To attend the ASCD Annual Conference

Outcomes and academic benefits to students and staff: _____

Submitted by: Patrick Nelson _____
 Signature Date

 Principal/Supervisor Date
Michael McConnell 11-9-10
 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: AMS

ESTIMATED NUMBER OF STUDENTS: 40

NAME OF SCHOOL GROUP/CLUB/ENTITY: Project Catalina

STAFF ADVISOR(S)/CHAPERONES: Debbie Melde, David Torres, Teresa Eckley, Ron Pierce, Lisa Gordon

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Trip to Catalina Island Marine Institute

DESTINATION OF TRAVEL: Catalina Island, California

DATES OF TRAVEL: Mar. 8-11, 2011

ACADEMIC BENEFITS TO STUDENTS: Extension of science curriculum. Topics include marine biology, oceanography and ecology.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Charter Bus

Are expenses paid from any of the following accounts? Auxiliary x Tax Credits x Club Funds _____
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>9800</u>	<u>525/526-00-100-1001-166-6892</u>
Transportation	<u>3300</u>	<u>525/526-00-100-1001-166-6515</u>
Meals	<u>300</u>	<u>525/526-00-100-1001-166-6892</u>
Lodging	<u>1200</u>	<u>525/526-00-100-1001-166-6892</u>
Substitutes	<u>1600</u>	<u>525/526-00-100-1001-166-6113</u>

WILL THE DISTRICT RECEIVE REIMBURSEMENT? yes
IF SO, SOURCE & AMOUNTS: Student tuition and tax credit donations.

HOW ARE CHAPERONE EXPENSES PAID? Included in student cost.

COST TO EACH STUDENT \$ 400

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Scholarships are made available to students who need them.

FUNDING SOURCE(S): Tax credit donations

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Snacks to be sold during after school sporting events.

SUBMITTED BY: _____

Signature

Date

APPROVED BY: _____

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

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SCHOOL: **Cross Middle**

ESTIMATED NUMBER OF STUDENTS: **84**

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Cross Middle School Science Department**

STAFF ADVISOR(S)/CHAPERONES: **Dee Fife, Ben Briggs, Cheri Newton, Julie Nicholas, John Fife, Danielle Mulleneaux, Susie Kittell and Kevin Corner**

ABSENCE: # Days **4** Sub Required: ☒ Yes ☐ No # of School Days Missed **3**

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Catalina Island Marine Institute**

DESTINATION OF TRAVEL: **Catalina Island, CA**

DATES OF TRAVEL: **March 1 - March 4, 2011**

ACADEMIC BENEFITS TO STUDENTS: **84 students have the opportunity to study the nature of science in an outstanding hands-on, minds-on program focusing on Marine Biology, Oceanography, Ecology and Astronomy.**

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other **Charter Bus**

Are expenses paid from any of the following accounts? Auxiliary Yes Tax Credits Yes Club Funds _____

Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$20,437.25</u>	<u>525-00-100-1001-167-6892</u> <u>526-00-100-1001-167-6892</u>
Transportation	<u>\$7,120.00</u>	<u>525-00-100-1001-167-6519</u> <u>526-00-100-1001-167-6519</u>
Meals	<u>Included</u>	_____
Lodging	<u>Included</u>	_____

Substitutes \$1,800.00525-00-100-1001-167-6113

526-00-100-1001-167-6113

TOTAL \$29,357.25WILL THE DISTRICT RECEIVE REIMBURSEMENT? No

IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? Three chaperones are included and each additional chaperone is ½ off the individual price.COST TO EACH STUDENT \$ 345.00HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? We provide scholarshipsFUNDING SOURCE(S): Tax Credit money is used after Site Council approvalFUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: _____

Signature

11/8/2010

Date

APPROVED BY: _____

Principal/Supervisor

11/8/2010

Date

Associate Superintendent/Superintendent

11/8/2010

Date

**AMPHITHEATER PUBLIC SCHOOLS
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ORIGINAL SUBMISSION

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

SCHOOL: La Cima

ESTIMATED NUMBER OF STUDENTS: 80

NAME OF SCHOOL GROUP/CLUB/ENTITY: La Cima Concert Band, Orchestra & Chorus

STAFF ADVISOR(S)/CHAPERONES: Keith Koster, Rebecca Foreman, Nancy Cowan, Jerry Rockwell, James & Melissa Marsh, Marni Gould and Henry Jones

ABSENCE: # Days 3 Sub Required: ☒ Yes ☐ No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Participation in Forum Music Festival

DESTINATION OF TRAVEL: Fullerton College, Fullerton, CA

DATES OF TRAVEL: April 28-30, 2011

ACADEMIC BENEFITS TO STUDENTS: Students will perform for nationally recognized adjudicators, receive a written and oral evaluation of their work, recording of their performance (for self and group evaluation) and participate in a motivational awards ceremony. Students will also have the opportunity to listen to and reflect upon the performances of peer ensembles and high school performing groups.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Gray Line Tours

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>\$8983</u>	<u>525-00-100-1001-165-6892 and</u> <u>526-00-100-1001-165-6892</u>
Transportation	<u>\$5500</u>	<u>525-00-100-1001-165-6519 and</u> <u>526-00-100-1001-165-6519</u>

Meals	<u>included</u>	_____
Lodging	<u>included</u>	_____
Substitutes	<u>\$375</u>	<u>525-00-100-1001-165-6113 and</u> <u>526-00-100-1001-165-6113</u>
<hr/>		
TOTAL	<u>\$14858</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? self-funded

COST TO EACH STUDENT \$ 175

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? festival scholarships, sponsorships, tax credit donations, opportunity to participate in fundraising activities

FUNDING SOURCE(S): tax credits and private donations, student family contributions, fundraisers

FUNDRAISING ACTIVITIES PLANNED (If applicable):
to be determined

SUBMITTED BY: _____

Signature

10/06/10

Date

APPROVED BY: _____

Principal/Supervisor

10/11/10
Date

Associate Superintendent/Supintendent

11-8-10
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 14

NAME OF SCHOOL GROUP/CLUB/ENTITY: Canyon del Oro High School Orchestra Club

STAFF ADVISOR(S)/CHAPERONES: Toru Tagawa/ Radonna Kadous

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Attending Magic Music Days Workshop

DESTINATION OF TRAVEL: Anaheim, CA

DATES OF TRAVEL: February 23-26, 2011 (Rodeo Break)

ACADEMIC BENEFITS TO STUDENTS: Students will be able to perform and be coached by a well-known clinician at the Magic Music Days Workshop.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Bus, Mountain View Tours - to be shared with Mountain View High School orchestra to save costs

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>2400</u>	<u>526/850-00-100-3400-282-6892</u>
Transportation	<u>2000</u>	<u>526/850-00-100-3400-282-6519</u>
Meals	<u>0</u>	<u>Students are responsible for meals</u>
Lodging	<u>1900</u>	<u>526/850-00-100-3400-282-6892</u>
Substitutes	<u>0</u>	_____
TOTAL	<u>6300</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? **It will be included in the cost to each student.**

COST TO EACH STUDENT \$ **450**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **We will use Orchestra Tax Credit to offset cost for low income family students.**

FUNDING SOURCE(S): **Orchestra Tax Credit, Orchestra Club Account**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Domino's Fund Raising Card, Car Wash.

SUBMITTED BY:

Tom Fagan
Signature

11/1/10
Date

APPROVED BY:

Marcia Kelp
Principal/Supervisor

11/2/10
Date

Patrick Nelson

Associate Superintendent/Superintendent

11-8-10
Date