#### 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 O	OF STUDENTS: 4	10	
NAME OF SCHOOL GRO	OUP/CLUB/ENTIT	Y: Science Club	
STAFF ADVISOR(S)/CH Langley, Phil Tilicki	APERONES: <u>S</u> a	rah Lortie, Li	ndsay Callison, Christy Combs, Shannon
ABSENCE: # Days <u>3</u> Su	b Required: 🛚 Ye	s 🗌 No	# of School Days Missed 3
ACTIVITY / EVENT / PUprograms.	JRPOSE OF TRA	VEL: <u>Trip to An</u>	aheim, CA to participate in two guided science
DESTINATION OF TRAV	/EL: <u>Anaheim, C</u>	<u>A</u>	
supporting 8th grade curr	TO STUDENTS: iculum. Topics incthe most points for	clude Newton's I or their team by	I participate in two guided science programs aws of motion, and energy and waves. Students answering questions about the content after the
PROPOSED METHOD OF  District-owned vehicles  Transportation approval:  Other Charter Bus (Be	S	ION:	
Are expenses paid from any Parent Organization	y of the following a	ccounts? Auxilia	ury <u>X</u> Tax Credits <u>X</u> Club Funds <u>Science Club</u>
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)			
	APPROX. CO	OST	BUDGET CODE
Registration	<u>\$9,320</u>		850/525/526-00-100-1001-166-6892
Transportation	<u>\$3,300</u>		850/525/526-00-410-2710-166-6519
Meals	<u>\$2,400</u>		850/525/526-00-100-1001-166-6892
Lodging	<u>\$3,056</u>		850/525/526-00-100-1001-166-6892

\$1,320

850/525/-00-100-1001-166-6113

TOTAL

\$19,396

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 \$ 450

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):

Candy cane sales before Winter Break

SUBMITTED BY:	Sual Jotte	9/20/17 Date
APPROVED BY:	Principal/Supervisor	9-20-17 Date
	Associate Superintendent/Superintendent	<u>9/5</u> //// Date

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## 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): Mic	chelle Tong	SCHOOL: <u>District Offices</u>
		Department (opt.): <u>Legal</u>
		DATE(S): <u>10/18/17 - 10/21/17</u>
	ntional School Boards Association Scho	ool Law Practice Seminar
LOCATION: Chicag	<u>go IL</u>	
ABSENCE: # Days	s 4 Sub Required: ☐Yes ⊠No	# of School Days Missed 2
EXPENSES REQUESTI	ED: (OBTAIN RECEIPTS FOR ALL II	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$750</u>	001 00 100 2579 505 6360
Transportation	\$614 Mode <u>air/taxi</u>	001 00 100 2321 505 6582
Rental Car		
Meals	<u>160.25</u>	001 00 100 2321 505 6582
Lodging	<u>\$1123.52</u>	001 00 100 2321 505 6582
Substitutes	<u>n/a</u>	
TOTAL	<u>\$2647.77</u>	
The District will [] (or)	will not \( \subseteq receive reimbursement from	m outside sources.
Purpose of travel: <u>This c</u> Law.	conference provides the latest information	tion, strategies and guidance on the practice of School
		ning will benefit the District, together with its nts to federal laws affecting student education and
The travel is necessary fo	or the implementation of the project fund	ing the travel.
Submitted by: Signature	Muhy	
In	/Supervisor  au July  e Superintendent/Superintendent	Date    Date   D
Associate	o apor mionaonii supermienaeni	Date

# AMPHITHEATER PUBLIC SCHOOLS STAFF TRAVEL/CONFERENCE REQUEST

## <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>

EMPLOYEE(S):	Carla Garcia	<b>Katherine Engel</b>	SCHOOL: AHS
			Department (opt.): ELD
		_	DATE(S): October 25-27, 2017
ACTIVITY/EVEN	· · · · ·		
LOCATION: S	anta Ana Pueblo.	New Mexico	
ABSENCE: #	Days <u>3</u> Sub R	equired: XYes No	# of School Days Missed 3
EXPENSES REQU	JESTED: (OBTA	IN RECEIPTS FOR ALL IN	ICURRED EXPENSES)
	APP	ROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds an require a budget code.)
Registratio	n <u>0</u>		direct payment: NoVo Found. Grant Award
Transporta	ntion <u>0</u>	Mode <u>Air</u>	direct payment: NoVo Found. Grant Award
Rental Car	<u>n/a</u>	_	
Meals	0		direct payment: NoVo Found. Grant Award
Lodging	<u>0</u>		direct payment: NoVo Found. Grant Award
Substitutes	<u>\$720.00</u>		530-51-100-1001-281 6113(EF-18-KE)
TOTAL	<u>\$720.00</u>		
The District will	or) will not ⊠	receive reimbursement fro	m outside sources.
			e area of social and emotional development.
			s will share and learn about current practices in the p a common understanding of nationwide best
practices to implen			, a common americaning of nation wide best
Submitted by: Sign	Esfel nature		-9/10/20/7 Date
	Glendas	alfa	<u> </u>
Prir	icipal/Supervisor		Date 5/57//7
Ass	ociate Superintend	lent/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): <u>Dev</u>	yahi Balachandran	SCHOOL: AHS
_	Julie Kasper	Department (opt.): <u>ELD</u>
		DATE(S): October 25-27, 2017
ACTIVITY/EVENT: SI	EL In Action 2017	
LOCATION: <u>Santa</u>	Ana Pueblo, New Mexico	
ABSENCE: # Days	s <u>3</u> Sub Required: ⊠Yes □No	# of School Days Missed 3
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR ALL IN	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>0</u>	←direct payment: NoVo Found. Grant Award
Transportation	<u>0</u> Mode <u>Air</u>	direct payment: NoVo Found. Grant Award
Rental Car	<u>n/a</u>	
Meals	0	direct payment: NoVo Found. Grant Award
Lodging	<u>0</u>	direct payment: NoVo Found. Grant Award
Substitutes	<u>\$360.00</u>	530-51-100-1001-281 6113(EF-18-DS)
TOTAL	<u>\$360.00</u>	
The District will [ ] (or)	) will not 🛛 receive reimbursement fro	om outside sources.
Purpose of travel: Profe	essional Development for teachers in th	e area of social and emotional development.
	ional learning. Participants will develo	rs will share and learn about current practices in the p a common understanding of nationwide best
hie	Salutary  Editory  Supervisor  The Superintendent/Superintendent	9/8/17 Date 9/8/17 Date 2/37/17 Date
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