## 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: <u>IRHS</u>				
ESTIMATED NUMBE	R OF STUDENTS: 18			
NAME OF SCHOOL C	GROUP/CLUB/ENTITY:	Wrestlin	ng club	
STAFF ADVISOR(S)/0	CHAPERONES: <u>Tim B</u>	errier, Pau	ul Vasquez, Steven Montano	
ABSENCE: # Days <b>3</b>	Sub Required: X Yes	☐ No	# of School Days Missed 1	
ACTIVITY / EVENT /	PURPOSE OF TRAVEI	: AAU Fr	rosh-sophomore National Duals	
DESTINATION OF TR	RAVEL: Castle Rock, (	<u>Colorado</u>	!	
interact with other	TS TO STUDENTS: students from acros	s the cou	s will have the opportunity to compete untry. This will help give exposure to coll	<u>ege</u>
<u>coaches who may b</u> wrestling in college	<u>e interested in recrui</u> : who are receiving	<u>ting our s</u> financial	students. We currently have 9 former stude aid or received admission help because	the
coaches wanted the				
PROPOSED METHOD District-owned vehi Transportation approval Other Rental vans		N:		
Are expenses paid from Parent Organization		ounts? Au	uxiliary Tax Credits <u>x</u> Club Funds <u>x</u>	
EXPENSES 1	REQUESTED: (OBTA	IN RECEI	IPTS FOR ALL INCURRED EXPENSES)	
	APPROX. COS	Т	BUDGET CODE	
Registration	<u>\$800</u>		<u>526/850-00-100-3400-280-6892</u>	
Transportation	<u>\$1,000</u>		<u>526/850-00-100-3400-280-6519</u>	
Meals			<del></del>	
Lodging	\$800		<u>526/850-00-100-3400-280-6892</u>	

TOTAL

\$2,600

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

HOW ARE CHAPERONE EXPENSES PAID? <u>Paying for their own meals</u>. <u>Lodging, transportation</u> included with the students.

COST TO EACH STUDENT \$ \$20 for AAU card. \$80-\$100 for meals.

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? The wrestling booster club would be willing to help pay for any students who can't afford to go.

FUNDING SOURCE(S): Tax credit account and club account.

FUNDRAISING ACTIVITIES PLANNED (If applicable):  ${\bf N/A}$ 

SUBMITTED BY:

Signature

Date

APPROVED BY:

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Daté

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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:	<b>CDO</b>			
ESTIMATI	ED NUMBE	R OF STUDENTS	S: <u>75</u>	
NAME OF	SCHOOL C	ROUP/CLUB/EN	TITY: CDO Band	
			<u>Grant Studer, To</u> ra Wheelwright, A	ony Kadous, Melissa Marsh, Jeff Albrech Andrea Carr
ABSENCE	: # Days <u>4</u>	Sub Required:	Yes No	# of School Days Missed 3
ACTIVITY	/EVENT/	PURPOSE OF TR	AVEL:	
DESTINAT	TION OF TR	AVEL: <u>Anaheim</u>	and Los Angeles, C	<u>alifornia</u>
ACADEMI conductor Concert Ba help studer musicians. music mak sight readin  PROPOSEI District Transportati	C BENEFIT helps improduced Competents understanding and helps ing and helps portion of the METHOD cowned vehicles approval	ove all areas of ition the following nd what profession movie-scoring ps students related the 2014 State COT TRANSPORTICLES	musicianship and g week. Seeing a peronal quality music rand soundtracking e music to other are Concert Band Comp	A with a world-class music educator and banchelp our group prepare for the Arizona State rformance by the Los Angeles Philharmonic with making is like, and will improve their abilities at in Anaheim provides a different experience fort forms and builds sight reading skills for the petition.
	nization <u>Ye</u>			ary Tax Credits <u>Yes</u> Club Funds and lodging will be split between tax credit and
E	KPENSES F	REQUESTED: (C	OBTAIN RECEIPTS	S FOR ALL INCURRED EXPENSES)
		APPROX	. COST	BUDGET CODE
Reg	istration	<u>\$11,100.00</u>		526-00-100-1001-282-6892 / Boosters
Trai	sportation	<u>\$6,876.00</u>		526-00-100-1001-282-6519 / Boosters
Mea	ıls	On Own		<u></u>

rev. 10/1/07

Substitutes \$300.00 526-00-1001-282-6892 / Boosters

TOTAL \$24043.20

WILL THE DISTRICT RECEIVE REIMBURSEMENT? \_\_\_\_
IF SO, SOURCE & AMOUNTS: \_\_\_\_
HOW ARE CHAPERONE EXPENSES PAID? By Chaperone

COST TO EACH STUDENT \$ 340.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Student band fundraising has been an option at events earlier in the year, and scholarships will be offered through tax credit and booster organization money that has been set aside.

SUBMITTED BY:

Signature

APPROVED BY:

Principal/Supervisor

Associate Superintendent/Superintendent

2/12/14

Date

Date

2/12/14

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): Eliz	<u>abeth</u> <u>Virant</u>	SCHOOL: <u>District Offices</u>
		Department (opt.): Health Services
		DATE(S): <u>6/27/14-7/1/14</u>
ACTIVITY/EVENT: <b>N</b> a	ntional Association of School Nursing	Annual Conference
LOCATION: San Ar	ntonio Marriot Rivercenter, San Anton	nio, TX
ABSENCE: # Days	S Sub Required: ☐Yes ⊠No	# of School Days Missed 0
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR ALL I	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	\$495 w/ syllabus	001001002579542.6360
Transportation	\$550 Mode Airfare	Taxi 001001002579542.6582
Rental Car	<u>0</u>	
Meals	<u>\$245</u>	0010010025795426582
Lodging	\$813	0010010025795426582
Substitutes	<u>0</u>	
TOTAL	<u>\$2,103</u>	
The District will [7] (or)	will not 🛛 receive reimbursement fro	om outside sources.
_ ` ,	d national school nursing conference	
•		
USD, health services sta	aff and students with current evidence	re information, resources and tools to benefit Amphi -based approaches to keeping children healthy and in
school so they can learn	<u>l.</u>	
Submitted by: Signature	exten Cluant	Date  1/8/14  Date  1/14/14
-	- Metry Pitrice	1-10-14
Principal	//Supervisor	Date /
Associat	e Superintendent/Superintendent	<u>                                </u>