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: 14		
NAME OF SCHOOL GR	OUP/CLUB/ENTITY	: Boys Baske	<u>tball</u>
STAFF ADVISOR(S)/CF	HAPERONES: <u>Ben H</u>	lurley, Ryan N	lontijo, Joey Bemis
ABSENCE: # Days 3 S	Sub Required: Yes	⊠ No	# of School Days Missed $\underline{0}$
ACTIVITY / EVENT . Basketball Tourname		AVEL: Point	Loma University Tournament - Varsity
DESTINATION OF TRA	VEL: Point Loma U	niversity, Sar	Diego, CA
DATES OF TRAVEL: <u>6/</u> ACADEMIC BENEFITS		tra-curricular	
PROPOSED METHOD C ☐ District-owned vehicl Transportation approval: ☐ Other Rental Vans	es	DN:	
Are expenses paid from a Parent Organization		ounts? Auxilia	ry X Tax Credits Club Funds X
EXPENSES RI	EQUESTED: (OBTA	IN RECEIPTS	FOR ALL INCURRED EXPENSES)
	APPROX. COS	Т	BUDGET CODE
Registration	<u>350.00</u>		850/526/525-00-100-1001-281-6892
Transportation	1200.00		850/526/525-00-100-1001-281-6519
Meals	600.00		850/526/525-00-100-1001-281-6892
Lodging	<u>1700.00</u>		850/526/525-00-100-1001-281-6892
Substitutes	Annual Control of Cont		
TOTAL	3850.00		

WILL THE DISTRICT IF SO, SOURCE & AM	RECEIVE REIMBURSEMENT? No MOUNTS:	
HOW ARE CHAPERO	NE EXPENSES PAID? Club account	
COST TO EACH STUI	DENT \$ <u>0.00</u>	
HOW IS THIS TRAVI PROVISIONS)? <u>Club</u> :	EL MADE AVAILABLE TO ALL ELIGIBLE STO account	UDENTS (LOW FAMILY INCOME
FUNDING SOURCE(S): <u>Summer Sponsors</u>	
FUNDRAISING ACTIV	VITIES PLANNED (If applicable):	
SUBMITTED BY:	Ben Gurley Signature	<u>4/4/14</u> Date
APPROVED BY:	Principal/Supervisor	<u>4/4/14</u> Date
	Associate Superintendent/Superintendent	<u>4/9</u> //7 Date

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 NUMB	ER OF STUDENTS: 4		
NAME OF SCHOOL	GROUP/CLUB/ENTITY:	FCCLA- Early Chi	ildhood
STAFF ADVISOR(S)	CHAPERONES: <u>Jennif</u>	er Atteberry-Pierpo	<u>ont</u>
ABSENCE: # Days 7	Sub Required: Yes	⊠ No # of S	School Days Missed <u>0</u>
ACTIVITY / EVENT	PURPOSE OF TRAVEL	: FCCLA National	Leadership Meeting
DESTINATION OF T	RAVEL: <u>San Antonio, T</u>	<u>×</u>	
			tudents more leadership skills and
☐ District-owned veh Fransportation approva ☑ Other Are expenses paid from	al: n any of the following acco		Tax Credits <u>X</u> Club Funds <u>X</u>
Parent Organization EXPENSES		N RECEIPTS FOR	ALL INCURRED EXPENSES)
	APPROX. COST	Γ	BUDGET CODE
Registration	315.0 1260.0		<u>400-14-270-2190-282-6360</u> <u>400/850/526-00-100-1001-282-6892</u>
Transportation	<u>726.0</u> 2,904.0		<u>400-14-270-2190-282-6519</u> <u>850/526-00-100-1001-282-6519</u>
Meals	343.0 1,372.0		<u>400-14-270-2190-282-6582</u> <u>400/850/526-00-100-1001-282-6892</u>
Lodging	<u>953.0</u> <u>1,200.0</u>		<u>400-14-270-2190-282-6582</u> <u>850/526-00-100-1001-282-6892</u>
Substitutes			

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No IF SO, SOURCE & AMOUNTS:	
HOW ARE CHAPERONE EXPENSES PAID? CTE Funds	
COST TO EACH STUDENT \$ <u>1,600.00</u>	
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUIPROVISIONS)? Tax Credits, CTE Funds, Donations, and JTED Funds	
FUNDING SOURCE(S): CTE Funds, CTSO Funds, Tax Credits, JTED	<u>) Funds</u>
FUNDRAISING ACTIVITIES PLANNED (If applicable): <u>Dorado Cups, Donations</u>	
SUBMITTED BY: Signature	4/21/14 Date
APPROVED BY: Principal/Supervisor	Date 4/23/14
i interpar paper i not	

Associate Superintendent/Superintendent

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

SCHO	OOL: <u>CDO</u>			
ESTII	MATED NUMBE	ER OF STUDENTS: 6		
NAM	E OF SCHOOL O	GROUP/CLUB/ENTITY:	Odyssey o	of the Mind Club Team
STAF	F ADVISOR(S)/0	CHAPERONES: Cymry	/ DeBouche	r, Kitt Leonard
ABSE	ENCE: # Days <u>6</u>	Sub Required: Yes	⊠ No	# of School Days Missed <u>0</u>
ACTI	VITY / EVENT /	PURPOSE OF TRAVEL	ر: <u>World Fin</u>	als Competition
DEST	INATION OF TE	RAVEL: <u>lowa State Un</u>	iversity, An	nes, Iowa
ACAI	ES OF TRAVEL: DEMIC BENEFI' sey of the Mind		Students	will compete against other teams in the
□ Di Γransp	OSED METHOD istrict-owned vehicortation approvaluer Enterprise R	:	N:	
	penses paid from Organization		ounts? Auxi	iary \underline{X} Tax Credits \underline{X} Club Funds \underline{X}
	EXPENSES I	REQUESTED: (OBTA)	IN RECEIP	TS FOR ALL INCURRED EXPENSES)
		APPROX. COS	Γ	BUDGET CODE
	Registration	4440.00		<u>526/850-00-100-1001-282-6892</u>
	Transportation	<u>5056.00</u>		<u>526/850-00-100-1001-282-6519</u>
	Meals	<u>o</u>		
	Lodging	<u>o</u>		
	Substitutes	<u>o</u>		· ·
	TOTAL	9496.00		

WILL THE DISTRICT RECEIVE REIMBURSEMENT? <u>no</u> IF SO, SOURCE & AMOUNTS:
HOW ARE CHAPERONE EXPENSES PAID?
COST TO EACH STUDENT \$ 1583.00
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOMIPROVISIONS)?
FUNDING SOURCE(S): <u>District contribution 850.00, 400.00 tax credit per student from family club and auxiliary funds</u>
FUNDRAISING ACTIVITIES PLANNED (If applicable): Spontaneous workshop, tax credit drive, request to Amphi Foundation for support
SUBMITTED BY: Cymry DeBouch of 4/14/2014 Signature Date APPROVED BY: Part Description 4/14/14
Principal/Supervisor Date
Associate Superintendent/Superintendent Date
rev. 4/15/2014

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: Prince				
ESTIMATED NUMBE	ER OF STUDENTS: 7			
NAME OF SCHOOL O	GROUP/CLUB/ENTITY:	Prince Ody	ssey of the Mind Club World Finals	
	pus), Leigh Kechely,		en Prinz (will be driving the props to Iowa a Hernandez (will by flying with students a	
		⊠ No	# of School Days Missed <u>0</u>	
ACTIVITY / EVENT /	PURPOSE OF TRAVEL	: Odyssey of 1	the Mind Club World Finals	
DESTINATION OF TR	RAVEL: Ames, Iowa (I o	owa State Ur	niversity)	
	TS TO STUDENTS: S		participate on a global level in a creat Fore, 21st Century and NAGC standards.	<u>ive</u>
PROPOSED METHOD District-owned vehi Transportation approval Other <u>Airlines</u>		N:		
Are expenses paid from any of the following accounts? Auxiliary Tax Credits \underline{X} Club Funds \underline{X} Parent Organization \underline{X}				
EXPENSES I	REQUESTED: (OBTAI	N RECEIPTS	S FOR ALL INCURRED EXPENSES)	
	APPROX. COST	Γ	BUDGET CODE	
Registration	<u>\$5,500.00</u>		<u>850-00-100-1001-111-6892</u>	
Transportation	<u>\$6,000.00</u>		<u>526-00-100-1001-111-6519</u>	
Meals				
Lodging				
Substitutes				

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No

Principal/Supervisor

Associate Superintendent/Superintendent

IF SO, SOURCE & AMOUNTS: ____

HOW ARE CHAPERONE EXPENSES PAID? They will pay from their own pocket.
COST TO EACH STUDENT \$ 1300.00
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOMPROVISIONS)? Fundraising, tax credit, Amphi Foundation and Prince PTO.
FUNDING SOURCE(S): Fundraising, tax credit, district contribution.
FUNDRAISING ACTIVITIES PLANNED (If applicable): food sale, tax credit drive, request to Amphi Foundation for support.
UBMITTED BY: YOUR Date
PPROVED BY:

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: Painted Sky			
ESTIMATED NUMBER	OF STUDENTS: 7		
NAME OF SCHOOL GF	ROUP/CLUB/ENTITY	Odyssey o	of the Mind
Young, Ryan and Ma Amy Omiecinski	<u>rla Ayers, Dan and</u>	Erica Roko	Rebecca Ford, Toby Ford, Jenni and Jeremy pp, Liesl Kolodisner, Carin Kyger, Mike and
ABSENCE: # Days <u>5</u>	Sub Required: Yes	⊠ No	# of School Days Missed <u>0</u>
ACTIVITY / EVENT / P	URPOSE OF TRAVEI	J: Odyssey o	of the Mind Worlds 2014
DESTINATION OF TRA	VEL: <u>Iowa State Univ</u>	versity, Ames	<u>, Iowa</u>
creativity skills. Ou competed at Regiona present their problem PROPOSED METHOD (District-owned vehick Transportation approval: Other Airline-US Air	TO STUDENTS: Pr students have beals and State. Wor and compete again OF TRANSPORTATION Les ways and car rental property.	een preparir Ids will be to est teams from N: ending with A	
EXPENSES RI	EQUESTED: (OBTA	IN RECEIPT	S FOR ALL INCURRED EXPENSES)
	APPROX. COS	Γ	BUDGET CODE
Registration	<u>\$5,182</u>		525/526/850/00-100-1001-114-6892
Transportation	<u>\$6,200</u>		530-00-100-3400-114-6519
Meals	included		
Lodging	included		

TOTAL

\$11,382.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT?	<u>No</u>
IF SO. SOURCE & AMOUNTS:	

HOW ARE CHAPERONE EXPENSES PAID? Tax Credit donations, PTO, fundraising, self pay

COST TO EACH STUDENT \$ \$1,626.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Soliciting donations from various sources and Tax Credit donations, and fundraising.

FUNDING SOURCE(S): <u>Fundraising efforts: Trader Joe's, Amphi Foundation, Raytheon, Jim Click), PTO, Tax Credit donations, student fundraisers</u>

FUNDRAISING ACTIVITIES PLANNED (If applicable):

We will be asking Trader Joe's for donations of water, soda and juice for us to sell at our Spring Fling in May and we will be asking Jim Click and Raytheon for direct donations, We plan to ask local restaurants to sponsor an "OM night" with us receiving a portion of the profits. We plan to sell "fundraising cards" which are good at local restaurants and businesses. We'll also sell pickles at lunch, sponsor spirit days, and sell spirit sticks.

SUBMITTED BY:

Signature

APPROVED BY:

Principal/Supervisor

Associate Superintendent/Superintendent

At 24/14

Date

4/24/14

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): <u>Joe</u>	Paddock Paddock		SCHOOL: District Offices
			Department (opt.): Interscholastics - NC
			DATE(S): <u>June 27 - July 3, 2014</u>
ACTIVITY/EVENT: 95	5 th Annual NFHS Su	mmer Meeting	
LOCATION: <u>Boston</u>	n, MA		
ABSENCE: # Day	s <u>7</u> Sub Required	: □Yes ⊠No	# of School Days Missed 0
EXPENSES REQUEST	ED: (OBTAIN REC	EIPTS FOR ALL IN	CURRED EXPENSES)
	<u>APPROXIM</u>	IATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration			To be paid by AIA.
Transportation		Mode	To be paid by AIA.
Rental Car			
Meals			To be paid by AIA.
Lodging			To be paid by AIA.
Substitutes			
TOTAL			
The District will [] (or) will not 🛛 receive	e reimbursement fror	n outside sources.
Purpose of travel: To re	view and evaluate th	he purpose of educa	tion based athletics.
Outcomes and academic	benefits to students a	and staff: To prome	ote the positive academic impact of participation in
Submitted by: Signatur	JP.P.	lold(<u>4/17</u> /14 Date
Principa	l/Supervisor		Date
Associat	in july	 perintendent	

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>David</u>	<u>Martinez</u>	SC	HOOL: District Offices
				Department (opt.): <u>Interscholastics</u>
			DA	ATE(S): <u>6/2/14 - 6/6/14</u>
	T: Athleti	ic Equipment N	<u> Ianagers Association A</u>	annual Convention
LOCATION: J	acksonvill	e, FL		
ABSENCE: #	Days <u>5</u>	Sub Required	: □Yes ⊠No	# of School Days Missed 0
EXPENSES REQU	JESTED:	(OBTAIN REC	EIPTS FOR ALL INCU	RRED EXPENSES)
		<u>APPROXIM</u>	IATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registratio	n <u>\$1′</u>	<u>75.00</u>		001.00.620.2579.512.6360
Transporta	ation <u>\$7</u> 5	50.00	Mode <u>Airfare/Shu</u>	uttle 001.00.620.2579.512.6582
Rental Car				
Meals	<u>\$19</u>	98.00		001.00.620.2579.512.6582
Lodging	<u>\$50</u>	01.40		001.00,620,2579.512.6582
Substitutes		MATERIAL PARTIES AND		
TOTAL	<u>\$10</u>	<u> 524.00</u>		
The District will	(or) will	I not 🗵 receive	e reimbursement from ou	utside sources.
Purpose of travel: 2	<u>Γο attend</u>	the AEMA anr	nual convention.	
shoulder pads and	helmets f	or football play		certification to include the proper fitting of e on safety equipment and safety issues for all
sports played in th	<u>e district.</u>			
Submitted by:	nature			Date
Sig				Dute
Pair	ncipal/Sup	ervitor		Date (1/20)
Ass	ociate Sur	perintendent/Sup	perintendent	<u> प्राट्याप</u> 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): The	Theresa Chavez		SCHOOL: <u>IRHS</u>	
			Department (opt.): English	
·		D	ATE(S): <u>July 13-18, 2014</u>	
ACTIVITY/EVENT: P1	re-AP Summer In	stitute-Pre AP Professio	nal Development in English	
LOCATION: Sacrar	mento State Unive	ersity		
ABSENCE: # Day	s <u>6</u> Sub Requir	ed: 🗌 Yes 🛮 No	# of School Days Missed 0	
EXPENSES REQUEST	ED: (OBTAIN RI	ECEIPTS FOR ALL INC	URRED EXPENSES)	
APPROXIMATE COST			BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	<u>\$790.00</u>		140-14-100-2210-510-6360	
Transportation	<u>\$790.00</u>	Mode <u>air/car</u>	140-14-100-2210-510-6582	
Rental Car				
Meals	<u>\$140.00</u>		140-14-100-2210-510-6582	
Lodging	<u>\$777.00</u>		14 <u>0-14</u> -100-2210-510-6582	
Substitutes			· 	
TOTAL	<u>\$2,497.00</u>			
The District will (or) will not ⊠ rece	eive reimbursement from	outside sources.	
			anced Placement courses in reading and writing he College and Career Readiness Standards.	
Outcomes and academic teachers to support all	benefits to studen students in prepa	ts and staff: Teacher horing to meet the rigor of	pes to develop training in collaboration with other the College and Career Readiness Standards with e-AP English curriculum holds great promise in	
Submitted by: Signatur	4/9			
	I/Supervisor Lack Superintendent/S	Superintendent	Date 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):	Chris	<u>Trimble</u> 	De	OOL: <u>CDO</u> epartment (opt.): <u>IB/Chemistry SL</u> E(S): <u>6/25-6/29/2014</u>
ACTIVITY/EVENT		emistry SL Train	ing	
ABSENCE: #	Days <u>5</u>	Sub Required:]Yes ⊠No	# of School Days Missed 0
EXPENSES REQU	ESTED:	(OBTAIN RECEI	PTS FOR ALL INCUR	RED EXPENSES)
		<u>APPROXIMA</u>	<u> TE COST</u>	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds an require a budget code.)
Registration	118	89.00		<u>140-14-100-2210-510-6360</u>
Transporta	tion <u>550</u>	0.00	Mode <u>personal car</u>	140-14-100-2210-510-6582
Rental Car				
Meals	<u>170</u>	<u>5.00</u>		140-14-100-2210-510-6582
Lodging	Inc	eluded		· · · · · · · · · · · · · · · · · · ·
Substitutes		0		·
TOTAL	<u>191</u>	15.00		
Purpose of travel: <u>P</u>	urpose is	for training in II		side sources. To teach IB Chemistry and meet the yapproved for air travel, staff now driving.
	l academ	ically demanding		ect depth and preparedness for a rigorous vith the development of critical-thinking and
1	ature)	arvisor lelsan		4-11-14 Date Date 4/1// Date

Date

Associate Superintendent/Superintendent