

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: **Rob Wolf, Kathy Floyd, Estefanie Lobo, Kellie Britt, Phil Tilicki**

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: **March 8th- March 11th, 2016**

ACADEMIC BENEFITS TO STUDENTS: **Extension of science curriculum. Topics include marine biology, oceanography and ecology. Students will also compete to name the most marine animals as well as earn points for their groups through the various activities on the trip.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **Charter Bus (Beeline)**

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>\$9,600</u>	<u>525/526-00-100-1001-166-6892</u>
Transportation	<u>\$3,200</u>	<u>525/526-00-100-1001-166-6519</u>
Meals	<u>\$300</u>	<u>525/526-00-100-1001-166-6892</u>
Lodging	<u>\$1,300</u>	<u>525/526-00-100-1001-166-6892</u>
Substitutes	<u>\$1,600</u>	<u>525/526-00-100-1001-166-6113</u>

TOTAL

\$16,000

WILL THE DISTRICT RECEIVE REIMBURSEMENT? yes

IF SO, SOURCE & AMOUNTS: Student fee 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):

SUBMITTED BY:

Wolfe
Signature

9-3-15
Date

APPROVED BY:

Stall
Principal/Supervisor

9/3/15
Date

Janice Nelson

Associate Superintendent/Superintendent

9/15/15
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): Annette Orelup _____ SCHOOL: Keeling
Nancy Jimmerson _____ Department (opt.): _____
 _____ DATE(S): 10/22/15-10/24/15

ACTIVITY/EVENT: 2015 No Excuses University National Convention

LOCATION: Dallas, TX

ABSENCE: # Days 3 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	<u>\$990.00</u>	<u>100 16 100 2210 109 6360</u>
Transportation	<u>\$1000.00</u> Mode <u>Airplane</u>	<u>100 16 100 2210 109 6582</u>
Rental Car	_____	_____
Meals	<u>\$320.00</u>	<u>100 16 100 2210 109 6582</u>
Lodging	<u>\$600.00</u>	<u>100 16 100 2210 109 6582</u>
Substitutes	<u>\$250.00</u>	<u>100 16 100 2210 109 6113</u>
TOTAL	<u>\$3160.00</u>	

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

Purpose of travel: _____

Outcomes and academic benefits to students and staff: This event is not only an opportunity for dynamic educators to network and share about the 6 exceptional systems to which they have embraced, but also to come together to celebrate the fantastic accomplishments our network have achieved. We will learn new ways to reinforce the 6 exceptional systems which directly impacts student success through goal setting and high expectations.

Submitted by: Annette Orelup _____ 9-4-15
 Signature Date
Darlene Mancini _____ 9-4-15
 Principal/Supervisor Date
Monica Pelsa _____ 9/15/15
 Associate Superintendent/Superintendent Date

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

EMPLOYEE(S): Kathy Stegen _____

SCHOOL: CDO
 Department (opt.): _____

DATE(S): November 6-8, 2015

ACTIVITY/EVENT: AP Workshop - Economics

LOCATION: La Jolla, CA

ABSENCE: # Days 3 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>\$185.00</u>	<u>525-00-100-2210-282-6360</u>
Transportation	<u>\$400.00</u>	Mode <u>personal car</u> <u>525-00-100-2210-282-6582</u>
Rental Car	_____	_____
Meals	<u>\$183.00</u>	<u>525-00-100-2210-282-6582</u>
Lodging	<u>\$500.00</u>	<u>525-00-100-2210-282-6582</u>
Substitutes	<u>\$100.00</u>	<u>525-00-100-2210-282-6113</u>
TOTAL	<u>\$1368.00</u>	

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

Purpose of travel: Teacher will attend the AP Conference to be trained to teach AP Economics.

Outcomes and academic benefits to students and staff: Teacher needs AP training to teach AP Economics.

Submitted by: Katharine R. Stegen 08/20/15
 Signature Date

Paul DeWitt 8/21/15
 Principal/Supervisor Date

Monica Peluso 8/15/15
 Associate Superintendent/Superintendent Date