## 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>CDO</u>				
ESTIMATED NUMBER	R OF STUDENTS: 2			
NAME OF SCHOOL GI	ROUP/CLUB/ENTITY:	SkillsUSA-C	onstruction/Arch & SkillsUSA	
STAFF ADVISOR(S)/C	HAPERONES: <u>Jim Lu</u>	<u>ckow</u>		
ABSENCE: # Days <u>6</u>	Sub Required: \( \subseteq \text{Yes} \)	⊠ No	# of School Days Missed	
ACTIVITY / EVENT / PURPOSE OF TRAVEL: Skills USA National Competition				
DESTINATION OF TRA	AVEL: <u>Kansas City , M</u>	<u>O</u>		
DATES OF TRAVEL: <u>J</u> ACADEMIC BENEFITS		npete nation	ally against other students	
PROPOSED METHOD ☐ District-owned vehic  Fransportation approval: ☐ Other		N:		
Are expenses paid from a Parent Organization	•	ounts? Auxilia	ry <u>X</u> Tax Credits <u>X</u> Club Funds <u>X</u>	
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)				
	APPROX. COST	Γ	BUDGET CODE	
Registration	Chaperone 166 Students 263		<u>400-13-270-2190-282-6360</u> <u>850/526/525-00-100-1001-282-6892</u>	
Transportation S	Surface Transportation 10 Air incl. in Registration		<u>400-13-270-2190-282-6582</u> 	
Meals	30 40		400-13-270-2190-282-6582 850/526/525-00-100-1001-282-6892	
Lodging	Included in Registration Included in Registration			
Substitutes		0		
TOTAL	510	06		

WILL THE DISTRIC IF SO, SOURCE & A	CT RECEIVE REIMBURSEMENT? <u>no</u> AMOUNTS:	
HOW ARE CHAPEF	RONE EXPENSES PAID?	
COST TO EACH ST	UDENT \$ <u>1316</u>	
	VEL MADE AVAILABLE TO ALL ELIGIBI Credits and/or scholarships	LE STUDENTS (LOW FAMILY INCOME
FUNDING SOURCE	(S): CTE, Club Funds, Tax Credits	
FUNDRAISING AC none	TIVITIES PLANNED (If applicable):	
		4/3/13
SUBMITTED BY: _	Signature	Date
APPROVED BY: _	Principal/Supervisor	4/3/13 Date
	Mu helm	4/3/13
•••••	Associate Superintendent/Superintendent	Date