

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: IRHS

ESTIMATED NUMBER OF STUDENTS: 4

NAME OF SCHOOL GROUP/CLUB/ENTITY: IRHS/DECA

STAFF ADVISOR(S)/CHAPERONES: Joshua Bohan and Dr. Juma Massinga

ABSENCE: # Days 6 Sub Required:  Yes  No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: International Career Development Center (ICDC) DECA Competition

DESTINATION OF TRAVEL: Orlando, FL

DATES OF TRAVEL: April 24 thru April 29, 2015

ACADEMIC BENEFITS TO STUDENTS: a. Leadership development

b. DECA organization and management on the local, state, and/or national level

c. DECA activities and competitive events on the local, state, and national level

d. Career exploration and/or career development activities

e. Communications skill development and/or improvement

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other Air

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>375.00</u> <u>1500.00</u>	<u>400-15-270-2190-280-6360</u> <u>525/526/850-00-100-1001-280-6892</u>
Transportation	<u>1200.00</u> <u>2472.34</u>	<u>400-15-270-2190-280-6582</u> <u>525/526/850-00-100-1001-280-6519</u>
Meals	<u>528</u> N/A Students Pay	<u>400-15-270-2190-280-6582</u> _____
Lodging	<u>1150.00</u> <u>1150.00</u>	<u>400-15-270-2190-280-6582</u> <u>525/526/850-00-100-1001-280-6892</u>
Substitutes	<u>800.00</u>	<u>400-15-270-2190-280-6113</u>

TOTAL

\$9,175.34

WILL THE DISTRICT RECEIVE REIMBURSEMENT? N/A  
IF SO, SOURCE & AMOUNTS: \_\_\_\_\_

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ 620

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? club funds, tax credits, and fund raising

FUNDING SOURCE(S): Hawk House (SBE), fund raising, CTE, & Pima County JTED


FUNDRAISING ACTIVITIES PLANNED (If applicable):  
car washes, TBD

SUBMITTED BY:   
Signature

3/9/15  
Date

APPROVED BY:   
Principal/Supervisor

3/9/15  
Date

  
Associate Superintendent/Supervintendent

3/13/15  
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): Jennifer Atteberry-Pierpont SCHOOL: CDO  
Mikaela Robinson Department (opt.): CTE/Preschool  
 \_\_\_\_\_ DATE(S): June 5-11, 2015

ACTIVITY/EVENT: National Association for the Education of Young Children (NAEYC) Professional Development Institute

LOCATION: New Orleans, Louisiana

ABSENCE: # Days 7 Sub Required:  Yes  No # of School Days Missed 0

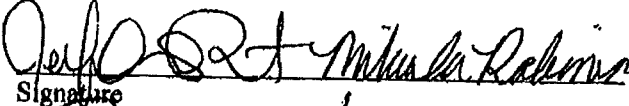

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u>
	(Note: Tax credit contributions are District funds and require a budget code.)
Registration \$ <u>1,000.00</u>	<u>260/515-15-270-2210-282-6360</u>
Transportation \$ <u>1,400.00</u> Mode <u>airplane</u>	<u>260/515-15-270-2210-282-6582</u>
Rental Car \$ <u>500.00</u>	<u>260/515-15-270-2210-282-6582</u>
Meals \$ <u>540.00</u>	<u>260/515-15-270-2210-282-6582</u>
Lodging \$ <u>1540.00</u>	<u>260/515-15-270-2210-282-6582</u>
Substitutes _____	_____
<b>TOTAL \$ <u>4,980.00</u></b>	

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

Purpose of travel: Early Childhood professional development

Outcomes and academic benefits to students and staff: To learn new and improved techniques for working with young children so that we are using and teaching with best practices in mind.

Submitted by:  3/4/15 3/4/15  
 Signature Date  
 3/5/15

Principal/Supervisor

Date

*Mimi Nelson*  
Associate Superintendent/Superintendent

*3/13/15*  
Date

rev. 9/21/05

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EMPLOYEE(S): Michael McConnell

SCHOOL: Walker

Department (opt.): \_\_\_\_\_

DATE(S): 7/12/15-7/15/15

ACTIVITY/EVENT: AVID Summer Institute

LOCATION: Sacramento, CA

ABSENCE: # Days 4 Sub Required:  Yes  No # of School Days Missed 0


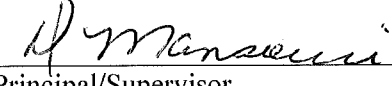
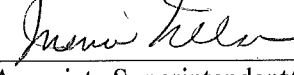
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>	
		(Note: Tax credit contributions are District funds and require a budget code.)	
Registration	_____	_____	_____
Transportation	<u>\$1,000.00</u>	Mode <u>Air &amp; Taxi</u>	<u>100-15-100-2210-510-6582</u>
Rental Car	_____	_____	_____
Meals	<u>\$130.00</u>		<u>100-15-100-2210-510-6582</u>
Lodging	<u>\$627.00</u>		<u>100-15-100-2210-510-6582</u>
Substitutes	_____	_____	_____
TOTAL	<u>\$1,757.00</u>		

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

Purpose of travel: I will attend AVID Summer Institute to learn the AVID program in an effort to better support teachers and students for the rigors of Middle School as well as to help students get on the college bound track.

Outcomes and academic benefits to students and staff: Increase my knowledge. Increase student achievement.

Submitted by:  2/23/15  
Signature Date  
 3/2/15  
Principal/Supervisor Date  
 3/13/15  
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): Cris Cisco \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL: CDO  
Department (opt.): IB  
DATE(S): July 23-26, 2015

ACTIVITY/EVENT: IB Conference of the Americas

LOCATION: Chicago, Illinois

ABSENCE: # Days 4 Sub Required:  Yes  No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>1095.00</u>		<u>140-15-100-2210-510-6360</u>
Transportation	<u>600.00</u>	Mode <u>airline</u>	<u>140-15-100-2210-510-6582</u>
Rental Car	<u>200.00 (Ground transportation)</u>		<u>140-15-100-2210-510-6582</u>
Meals	<u>172.00</u>		<u>140-15-100-2210-510-6582</u>
Lodging	<u>700.00</u>		<u>140-15-100-2210-510-6582</u>
Substitutes	_____		_____
TOTAL	<u>2767.00</u>		

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

Purpose of travel: **This annual conference provides an opportunity for educational leaders from schools, universities and governments to come together to share best practices around cultivating the way we educate students.**

Outcomes and academic benefits to students and staff: **The conference fosters partnership and participation, providing a forum for discussions on educational quality, pedagogical leadership and international mindedness.**

Submitted by: Cris Cisco \_\_\_\_\_ 3/9/15  
Signature Date  
Paul Durr \_\_\_\_\_ 3/6/15  
Principal/Supervisor Date  
Monica Teter \_\_\_\_\_ 3/13/15  
Associate Superintendent/Superintendent Date