

**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: AHS

ESTIMATED NUMBER OF STUDENTS: 14

NAME OF SCHOOL GROUP/CLUB/ENTITY: Boys Basketball

STAFF ADVISOR(S)/CHAPERONES: Ben Hurley, Ronnie Lise, Joey Bemis

ABSENCE: # Days 3 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Point Loma University Tournament - Varsity
Basketball Tournament/Competition

DESTINATION OF TRAVEL: Point Loma University, San Diego, CA.

DATES OF TRAVEL: 6/25/2015 - 6/27/2015

ACADEMIC BENEFITS TO STUDENTS: Extra-curricular

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Rental Vans from Enterprise

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>850/526-00-100-1001-281-6892</u>
Transportation	<u>1200.00</u>	<u>850/526-00-100-1001-281-6519</u>
Meals	<u>600.00</u>	<u>850/526-00-100-1001-281-6892</u>
Lodging	<u>1700.00</u>	<u>850/526-00-100-1001-281-6892</u>
Substitutes	_____	_____
TOTAL	<u>3875.00</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? Club account

COST TO EACH STUDENT \$ 0.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Club account; Tax Credit

FUNDING SOURCE(S): Summer Sponsors

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: _____

Bon Henley
Signature

5/13/15

Date

APPROVED BY: _____

[Signature]
Principal/Supervisor

5/13/15

Date

[Signature]
Associate Superintendent/Superintendent

5/13/15
Date

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**THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA
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SCHOOL: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 16

NAME OF SCHOOL GROUP/CLUB/ENTITY: **IRHS wrestling team**

STAFF ADVISOR(S)/CHAPERONES: **Tim Berrier, Paul Vasquez**

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **The Clash National Wrestling Tournament**

DESTINATION OF TRAVEL: **Rochester, Minnesota**

DATES OF TRAVEL: **Dec 31, 2015- Jan 3, 2016**

ACADEMIC BENEFITS TO STUDENTS: **We currently have 7 wrestlers in college who benefitted from these types of tournaments by receiving financial aid. This is the type of tournament that college coaches pay attention to and attend. This opportunity also gives the students a chance to see other parts of the country and experience life a little differently. They will have the opportunity to meet and compete with others from the entire nation.**

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other **Airlines, Tournament shuttle between airport-hotel-venue.**

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>\$500</u>	<u>526/850-00-100-1001-280-6892</u>
Transportation	<u>\$6,300</u>	<u>526/850-00-100-1001-280-6519</u>
Meals	<u>0</u>	_____
Lodging	<u>\$1,050</u>	<u>526/850-00-100-1001-280-6892</u>

Substitutes 0

TOTAL \$7,850

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no

IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? Included in students' costs, except for food, which will be self paid.

COST TO EACH STUDENT \$ \$75-100

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Club funds and tax credit will pay for the trip, except for food. Parent booster club would be willing to help any student who needs help paying for meals.

FUNDING SOURCE(S): Tax credit, student club funds, parent booster club

FUNDRAISING ACTIVITIES PLANNED (If applicable):

Golf tournament, silent auction and dinner.

SUBMITTED BY:

Lin Berin

Signature

5/15/15

Date

APPROVED BY:

Natalie Brunst

Principal/Supervisor

5/15/15

Date

Patrick Nelson

Associate Superintendent/Superintendent

6-1-15

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): Erica Fox

SCHOOL: CDO
Department (opt.): IB/Math
DATE(S): June 22-25, 2015

ACTIVITY/EVENT: IB Math HL and SL 2 Training

LOCATION: Albuquerque, New Mexico

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	<u>\$1,329.00</u>	<u>140-15-100-2210-510-6360</u>
Transportation	<u>\$ 550.00</u> Mode <u>airline</u>	<u>140-15-100-2210-510-6582</u>
Rental Car	<u>\$ 50.00 Cab</u>	<u>140-15-100-2210-510-6582</u>
Meals	<u>\$ 150.00</u>	<u>140-15-100-2210-510-6582</u>
Lodging	<u>Included</u>	_____
Substitutes	_____	_____
TOTAL	<u>\$2,079.00</u>	

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

Purpose of travel: Purpose is for category 2 training in Math HL and Math Studies SL in order to teach higher level math and Math Studies and meet the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for rigorous student achievement.

Submitted by: _____

Signature

5/26/15

Date

Principal/Supervisor

5/26/15

Date

Associate Superintendent/Supintendent

6-1-15
Date

**AMPHITHEATER PUBLIC SCHOOLS
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**THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA
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EMPLOYEE(S): Daniel Bitter

SCHOOL: CDO

Department (opt.): IB Music

DATE(S): June 28 - July 4, 2015

ACTIVITY/EVENT: IB Music SL Level 1 and Level 2 Training

LOCATION: Albuquerque, New Mexico

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>\$2,658.00</u>	<u>140-15-100-2210-510-6360</u>
Transportation	<u>\$ 550.00</u> Mode <u>airline</u>	<u>140-15-100-2210-510-6582</u>
Rental Car	<u>\$ 50.00 Cab</u>	<u>140-15-100-2210-510-6582</u>
Meals	<u>\$ 300.00</u>	<u>140-15-100-2210-510-6582</u>
Lodging	<u>Included</u>	<u> </u>
Substitutes	<u> </u>	<u> </u>
TOTAL	<u>\$3,558.00</u>	

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

Purpose of travel: IB Music will prepare the new music teacher to teach the IB Music course in the fall. This training is a requirement by IB in order to teach and meet the International Baccalaureate Programme requisite.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for rigorous student achievement.

Submitted by: _____

Signature

5/27/15

Date

Principal/Supervisor

5/27/15

Date

Associate Superintendent/Supintendent

6-1-15
Date

**AMPHITHEATER PUBLIC SCHOOLS
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EMPLOYEE(S): Tatiana Zolo _____

SCHOOL: District Offices

Department (opt.): School Operations

DATE(S): July 5-10, 2015

ACTIVITY/EVENT: Carnegie Learning Teaching Excellence Institute

LOCATION: Fort Lauderdale, FL

ABSENCE: # Days 6 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROXIMATE COST

BUDGET CODE/DESCRIPTION

(Note: Tax credit contributions are District funds and require a budget code.)

Registration \$1,999.00

Covered by Carnegie

Transportation \$600.00 Mode Air

Covered by Carnegie

Rental Car \$40.00 shuttle

140-15-100-2210-514-6582

Meals \$300.00

140-15-100-2210-514-6582

Lodging \$825.00

Covered by Carnegie

Substitutes _____

TOTAL \$340.00

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

Purpose of travel: Attend training

Outcomes and academic benefits to students and staff: To support teachers in implementing Math strategies.

Submitted by: _____

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

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EMPLOYEE(S): Jean Gowen _____

SCHOOL: IRHS

Department (opt.): CTE

DATE(S): July 18 - 22, 2015

ACTIVITY/EVENT: C-CAP National Teachers Conference

LOCATION: Johnson & Wales, Providence, Rhode Island

ABSENCE: # Days 5 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>\$450</u>	<u>260-16-270-2210-280-6360</u>
Transportation	<u>\$700</u> Mode _____	<u>260-16-270-2210-280-6582</u>
Rental Car	_____	_____
Meals	<u>\$200</u>	<u>260-16-270-2210-280-6582</u>
Lodging	<u>\$200</u>	<u>260-16-270-2210-280-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$1550</u>	

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

Purpose of travel: To attend the Careers through Culinary Arts (C-CAP) National Teachers Conference to learn strategies for integrating new industry standards into my curriculum in order to prepare students for post-secondary and industry opportunities in the Culinary Arts industry.

Outcomes and academic benefits to students and staff: Obtain knowledge and skills to teach the update industry standards.

Submitted by: Patricia Greenleaf 6-1-15
Signature Date

Principal/Supervisor _____ Date 6-1-15
Patrick Nelson
Associate Superintendent/Supervisor _____ Date

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EMPLOYEE(S): Glenn Linton _____

SCHOOL: IRHS

Department (opt.): CTE

DATE(S): July 18, 2015 - August 2, 2015

ACTIVITY/EVENT: Project Lead the Way -- Introduction to Engineering Design Conference

LOCATION: Oklahoma State University, Oklahoma City, OK

ABSENCE: # Days 16 Sub Required: ☐ Yes ☒ No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROXIMATE COST

BUDGET CODE/DESCRIPTION

(Note: Tax credit contributions are District funds and require a budget code.)

Registration	<u>\$2200</u>		<u>260-16-270-2210-280-6360</u>
Transportation	<u>\$979</u>	Mode _____	<u>260-16-270-2210-280-6582</u>
Rental Car	_____		_____
Meals	<u>\$840</u>		<u>260-16-270-2210-280-6582</u>
Lodging	<u>\$1200</u>		<u>260-16-270-2210-280-6582</u>
Substitutes	_____		_____
TOTAL	<u>\$5219</u>		

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

Purpose of travel: To attend the Project Lead the Way professional development training for the Introduction to Engineering curriculum so that the district will be able to use the curriculum next year in the Engineering Pathways course at IRHS.

Outcomes and academic benefits to students and staff: Obtain knowledge and skills to teach the Engineering curriculum.

Submitted by: Patricia Greenberg _____ 5/29/15
Signature Date

Principal/Supervisor _____ Date _____

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): Carolyn Zeiher _____

SCHOOL: CDO

Department (opt.): Bioscience

DATE(S): Aug 9-15, 2015

ACTIVITY/EVENT: Workshop entitled "Discover the Microbes Within!: The Wolbachia Project"

LOCATION: Bridgewater State University, Bridgewater, Massachusetts

ABSENCE: # Days 7 Sub Required: ☒ Yes ☐ No # of School Days Missed 5

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROXIMATE COST

BUDGET CODE/DESCRIPTION

(Note: Tax credit contributions are District funds and require a budget code.)

Registration	<u>0.00</u>		_____
Transportation	<u>650.00</u>	Mode <u>Airplane</u>	<u>260-16-270-2210-282-6582</u>
Rental Car	<u>500.00</u>		<u>260-16-270-2210-282-6582</u>
Meals	<u>100.00</u>		<u>260-16-270-2210-282-6582</u>
Lodging	<u>0.00</u> _____		
Substitutes	<u>500.00</u>		<u>260-16-270-2210-282-6113</u>
TOTAL	<u>1750.00</u>		

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

Purpose of travel: To attend a workshop that provides professional development on a nation-wide research project collecting data on microbes within our local insect fauna.

Outcomes and academic benefits to students and staff: This workshop will provide educational material and resources that would ultimately involve my students in collecting and contributing research data to this research project.

Submitted by:

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date