

**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): Roxanna Apaez _____

SCHOOL: District Offices
 Department (opt.): State and Federal Programs
 DATE(S): March 11-15, 2013

ACTIVITY/EVENT: Parents as Teachers Foundational and Model Training for educator certification.

LOCATION: St. Louis, MO

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

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>\$1000</u>		<u>100-13-100-2190-510-6360</u>
Transportation	<u>\$700</u>	Mode <u>Airplane</u>	<u>100-13-100-2190-510-6582</u>
Rental Car	<u>N/A</u>		<u>N/A</u>
Meals	<u>\$350</u>		<u>100-13-100-2190-510-6582</u>
Lodging	<u>\$350</u>		<u>100-13-100-2190-510-6582</u>
Substitutes	<u>N/A</u>		<u>N/A</u>
TOTAL	<u>\$2,400</u>		

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

Purpose of travel: Parents as Teachers Foundational and Model Implementation Training for certification to implement curriculum within the district

Outcomes and academic benefits to students and staff: Increase parent involvement, early intervention, kindergarten readiness, family literacy.

Submitted by: [Signature] _____ 1/24/13
 Signature Date
[Signature] _____ 1/24/13
 Principal/Supervisor Date
[Signature] _____ 1/29/13
 Associate Superintendent/Supintendent Date

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EMPLOYEE(S): Michael McConnell _____

SCHOOL: Walker
 Department (opt.): _____
 DATE(S): 3/12/13-3/15/13

ACTIVITY/EVENT: AVID Institute

LOCATION: Dallas, Texas

ABSENCE: # Days: 4 Sub Required: Yes No # of School Days Missed 3

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>\$475.80</u>	Mode <u>Air</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	<u>\$132.00</u>		<u>140-13-100-2210-510-6582</u>
Meals	<u>\$189.00</u>		<u>140-13-100-2210-510-6582</u>
Lodging	<u>\$550.00</u>		<u>140-13-100-2210-510-6582</u>
Substitutes	_____		_____
TOTAL	<u>\$1,346.80</u>		

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

Purpose of travel: AVID (Advancement Via Individual Determination) training for the District AVID Liaison. This training will support the implementation of the program district wide.

Outcomes and academic benefits to students and staff: I will learn effective instructional practices and explore data to construct an action plan for implementation. The AVID program targets our underserved students (average achievers); provides staff development for teachers; helps schools build community and addresses the need for a rigorous curriculum for all students.

Submitted by: 
 Signature

1/25/13
 Date

Principal/Supervisor

1/25/13
 Date


 Associate Superintendent/Supervisor

1/29/13
 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): Cathy Eiting Steve Duley

SCHOOL: District Offices

Department (opt.): Student Services

DATE(S): 3/13/13-3/16/13

ACTIVITY/EVENT: March TBI Team Training

LOCATION: Center on Brain Injury Research and Training in Eugene, Oregon

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>\$ 80.</u>	<u>001.00.200.2579.540.6360</u>
Transportation	<u>\$1100.</u> Mode <u>Air/Parking</u>	<u>001.00.200.2579.540.6582</u>
Rental Car	<u> </u>	<u> </u>
Meals	<u>\$ 256.</u>	<u>001.00.200.2579.540.6582</u>
Lodging	<u>\$ 650.</u>	<u>001.00.200.2579.540.6582</u>
Substitutes	<u>\$ 0.</u>	<u> </u>
TOTAL	<u>\$2086.</u>	

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

Purpose of travel: Attend March TBI Team Training

Outcomes and academic benefits to students and staff: Attend seminar highlighting many aspects and visibility of TBI injuries.

Submitted by: Cathy Eiting 1/17/13
Signature Date

Principal/Supervisor Date

Mark Nelson 4/18/13
Associate Superintendent/Superintendent Date

AMPHITHEATER PUBLIC SCHOOLS
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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: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Veterans Heritage Project**

STAFF ADVISOR(S)/CHAPERONES: **Ken George**

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 2

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Visit to Valley Forge PA. Mission is to educate and inspire an awareness of the principles upon which the U.S. was founded and the responsibilities of citizens in a free society. Trip is sponsored by the Freedoms Foundation organization.**

DESTINATION OF TRAVEL: **Valley Forge, PA**

DATES OF TRAVEL: **25-28 Apr 2013**

ACADEMIC BENEFITS TO STUDENTS: **Instill first-hand knowledge and experience with respect to our national heritage and ideals.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **Aircraft**

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>0</u>	<u>N/A</u>
Transportation	<u>0</u>	<u>N/A</u>
Meals	<u>0</u>	<u>N/A</u>
Lodging	<u>0</u>	<u>N/A</u>

Substitutes

200

530-00-100-1001-280-6113

TOTAL

\$200

WILL THE DISTRICT RECEIVE REIMBURSEMENT? _____
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? N/A

COST TO EACH STUDENT \$ 200

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? N/A

FUNDING SOURCE(S): N/A

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: _____
Signature

Date

APPROVED BY: _____
Principal/Supervisor

1.25.13
Date

Associate Superintendent/Superintendent

1/29/13
Date