

**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): Patti Greenleaf \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: District Offices  
 Department (opt.): School Operations/CTE  
 DATE(S): 9/27/16-9/30/16

ACTIVITY/EVENT: 2016 NCLA Best Practices and Innovations Conference

LOCATION: Tampa, FL

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

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>\$ 520</u>		<u>260-16-270-2210-515-6360</u>
Transportation	<u>\$ 550</u>	Mode <u>Airplane</u>	<u>260-16-270-2210-515-6582</u>
Rental Car	_____		_____
Meals	<u>\$ 176</u>		<u>260-16-270-2210-515-6582</u>
Lodging	<u>\$ 800</u>		<u>260-16-270-2210-515-6582</u>
Substitutes	_____		_____
<b>TOTAL</b>	<b><u>\$2,046</u></b>		

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

Purpose of travel: To attend the National Council of Local Administrators of Career & Technical Education conference to gain knowledge in Career and Technical Education best practices.

Outcomes and academic benefits to students and staff: I will be able to share with teachers and staff information I learn at the conference.

The travel is necessary for the implementation of the project funding the travel.

Submitted by: Patti Greenleaf \_\_\_\_\_ 6/15/16  
 Signature Date  
\_\_\_\_\_ 6/20/16  
 Principal/Supervisor Date  
\_\_\_\_\_ 6/23/16  
 Associate Superintendent/Supervisor Date

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EMPLOYEE(S): Mary Beth Santillan \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: District Offices  
 Department (opt.): State and Federal Programs  
 DATE(S): 10-28-16 to 11-1-16

ACTIVITY/EVENT: The 28th Annual Conference for the National Association for the Education of Homeless Children and Youth

LOCATION: Hyatt Regency 9801 International Drive, Orlando, FL

ABSENCE: # Days 5 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	<u>\$650.00</u>	<u>270-16-102-2210-510-6360</u>
Transportation	<u>\$450.00</u> Mode <u>Flight</u>	<u>270-17-102-2210-510-6582</u>
Rental Car	<u>\$42.00</u>	<u>270-17-102-2210-510-6582</u>
Meals	<u>\$130.00</u>	<u>270-17-102-2210-510-6582</u>
Lodging	<u>\$476.72</u>	<u>270-17-102-2210-510-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$1,748.72</u>	

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

Purpose of travel: National Conference attendance.

Outcomes and academic benefits to students and staff: McKinney-Vento Liaison will receive specialized training, gain knowledge and obtain insights from federal officials and nationally recognized authorities related to McKinney-Vento law, best practices and available resources regarding the issue of homeless education.

Submitted by: Mary Beth Santillan 4-22-16  
 Signature Date  
Charlene Mansecuri 4-22-16  
 Principal/Supervisor Date  
Kami Kelan 6/23/16  
 Associate Superintendent/Superintendent Date