

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: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: Skills USA Nationals

STAFF ADVISOR(S)/CHAPERONES: Jim Luckow

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Compete in National Skills USA competition

DESTINATION OF TRAVEL: Louisville, KY

DATES OF TRAVEL: June 19-25, 2016

ACADEMIC BENEFITS TO STUDENTS: Opportunity to demonstrate architectural skills at a national event.

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	\$160	<u>596-79-270-2190-282-6360</u>
	\$160	<u>596-79-270-2190-282-6892</u>
Transportation	\$1693	<u>596-79-270-2190-282-6582</u>
	\$1693	<u>596-79-270-2190-282-6519</u>
	_____	_____
Meals	\$378	<u>596-79-270-2190-282-6582</u>
	\$378	<u>526/850-00-100-2190-282-6892</u>
Lodging	<u>Inc. in Transp.cost</u>	_____
	_____	_____
Substitutes	_____	_____

TOTAL

\$4462.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no
IF SO, SOURCE & AMOUNTS: N/A

HOW ARE CHAPERONE EXPENSES PAID? N/A

COST TO EACH STUDENT \$ 250

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

FUNDING SOURCE(S): Tax Credit, Club Funds, CTE/JTED

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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


SUBMITTED BY:



Signature

4/5/16
Date

APPROVED BY:



Principal/Supervisor

4/6/16
Date



Associate Superintendent/Superintendent

4/12/16
Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: HOSA-Biosciences

STAFF ADVISOR(S)/CHAPERONES: Carolyn Zeiher

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: HOSA National Leadership Conference/Competition

DESTINATION OF TRAVEL: Nashville, TN

DATES OF TRAVEL: June 22-27, 2016

ACADEMIC BENEFITS TO STUDENTS: HOSA NLC is geared towards preparing future health professionals.

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>\$110.00</u> <u>\$550.00</u>	<u>596-75-270-2190-282-6360</u> <u>526/850-00-100-1001-282-6892</u>
Transportation	<u>\$550.00</u> <u>\$550.00</u>	<u>596-75-270-2190-282-6582</u> <u>526/850-00-100-1001-282-6519</u>
Meals	<u>\$385.00</u> <u>\$385.00</u>	<u>596-75-270-2190-282-6582</u> <u>526/850-00-100-1001-282-6892</u>
Lodging	<u>\$1,074.00</u> <u>\$1,074.00</u>	<u>596-75-270-2190-282-6582</u> <u>526/850-00-100-1001-282-6892</u>
Substitutes	_____	_____

TOTAL

\$4678.00

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

HOW ARE CHAPERONE EXPENSES PAID? CTE/JTED

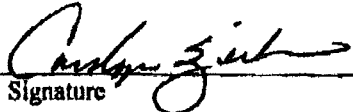
COST TO EACH STUDENT \$ 909.80

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Club funds

FUNDING SOURCE(S): CTE/JTED, Tax credit, Club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY:  4/6/16
Signature Date

APPROVED BY:  4/6/16
Principal/Supervisor Date

 4/13/16
Associate Superintendent/Superintendent Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 5

NAME OF SCHOOL GROUP/CLUB/ENTITY: FCCLA - Early Childhood

STAFF ADVISOR(S)/CHAPERONES: Jennifer Atteberry-Pierpont

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: FCCLA National Leadership Conference and
Competition

DESTINATION OF TRAVEL: San Diego, CA

DATES OF TRAVEL: July 2-8, 2016

ACADEMIC BENEFITS TO STUDENTS: The students will be attending various leadership training as
well as competing against other students from across the country.

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
	<u>\$610.00</u>	<u>596-80-270-2190-282-6360</u>
Registration	<u>\$3,010.00</u>	<u>526/850-00-100-1001-282-6892</u>
	<u>\$645.00,</u>	<u>596-80-270-2190-282-6582</u>
Transportation	<u>\$3,225.00</u>	<u>526/850-00-100-1001-282-6519</u>
	<u>\$413.00</u>	<u>596-80-270-2190-282-6582</u>
Meals	<u>\$2,065.00</u>	<u>526/850-00-100-1001-282-6892</u>
	<u>\$1,380.00</u>	<u>596-80-270-2190-282-6582</u>
Lodging	<u>\$1,725.00</u>	<u>526/850-00-100-1001-282-6892</u>
Substitutes	_____	_____

TOTAL

\$13,073.00

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

HOW ARE CHAPERONE EXPENSES PAID? CTE/JTED

COST TO EACH STUDENT \$ 1,592.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Scholarship, CTE/JTED, Tax Credits

FUNDING SOURCE(S): CTSO, CTE/JTED, Tax Credits

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Dinner nights, T-shirt sales, Dorado cup sales

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

SUBMITTED BY: 
Signature

4/5/16
Date

APPROVED BY: 
Principal/Supervisor

4/6/16
Date


Associate Superintendent/Supintendent

4/12/16
Date

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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 4 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: **6/23/2016 - 6/26/2016**

ACADEMIC BENEFITS TO STUDENTS: **Students will compete with other high schools from California.**

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>900.00</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>1800.00</u>	<u>850/526-00-100-1001-281-6892</u>
Substitutes	_____	_____

TOTAL

3675.00

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: _____

Ben Hurley
Signature

3/30/16

Date

APPROVED BY: _____

[Signature]
Principal/Supervisor

3/30/16

Date

Monie Nelson
Associate Superintendent/Superintendent

4/12/16

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): IB Coordinator - TBD _____

SCHOOL: CDO
 Department (opt.): IB
 DATE(S): June 17-21, 2016

ACTIVITY/EVENT: IB Coordinator Training Level 2

LOCATION: St. Pete Beach, FL

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>\$ 890.00</u>	<u>140-16-100-2210-510-6360</u>
Transportation	<u>\$ 700.00</u> Mode <u>airline</u>	<u>140-16-100-2210-510-6582</u>
Rental Car	<u>\$ 100.00 (shuttle)</u>	<u>140-16-100-2210-510-6582</u>
Meals	<u>\$ 245.00</u>	<u>140-16-100-2210-510-6582</u>
Lodging	<u>\$1200.00</u>	<u>140-16-100-2210-510-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$3135.00</u>	

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

Purpose of travel: The purpose for this training is to meet the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Academic benefits for students to become successful in meeting the IB Benchmarks and increasing ability for students to receive the IB diploma.

Submitted by: _____
 Signature [Signature] Date 4/6/16
 Principal/Supervisor [Signature] Date 4/6/16
 Associate Superintendent/Superintendent [Signature] Date 4/12/16

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EMPLOYEE(S): Blanca Cunha Robbin Arthurs

SCHOOL: District Offices

Department (opt.): School Operations

DATE(S): July 10-14, 2016

ACTIVITY/EVENT: DIBELS Super Institute

LOCATION: Denver Westminster, CO

ABSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

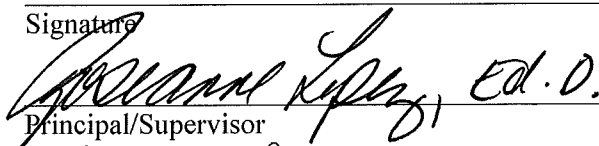

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1,800.00</u>	<u>140-16-100-2210-514-6360</u>
Transportation	<u>\$956.00</u> Mode <u>air</u>	<u>140-16-100-2210-514-6582</u>
Rental Car	_____	_____
Meals	<u>\$350.00</u>	<u>140-16-100-2210-514-6582</u>
Lodging	<u>\$1,600.00</u>	<u>140-16-100-2210-514-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$4,706.00</u>	

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

Purpose of travel: To attend the DIBELS Super Institute in Denver Westminster, Colorado hosted by the Dynamic Measurement Group.

Outcomes and academic benefits to students and staff: Mentors will have access to the latest DIBELS information and exclusive resources to support their schools to use DIBELS effectively as a tool to improve student achievement.

Submitted by:

Signature	_____	Date	_____
			<u>4/7/2016</u>
Principal/Supervisor	_____	Date	_____
			<u>4/12/16</u>
Associate Superintendent/Supintendent	_____	Date	_____

**AMPHITHEATER PUBLIC SCHOOLS
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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): Karissa Weiler _____

SCHOOL: Keeling
 Department (opt.): _____
 DATE(S): July 13-15, 2016

ACTIVITY/EVENT: Engineering is Elementary Workshop

LOCATION: Boston, MA

ABSENCE: # Days 3 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>\$0.00</u>		<u>Scholarship</u>
Transportation	<u>\$845.00</u>	Mode <u>Airplane</u>	<u>530 00 100 2210 109 6582</u>
Rental Car	_____		_____
Meals	<u>\$177.00</u>		<u>530 00 100 2210 109 6582</u>
Lodging	<u>\$350.00 3 nights</u>		<u>140 16 100 2210 510 6582</u>
Substitutes	_____		_____
TOTAL	<u>\$1372.00</u>		

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

Purpose of travel: Professional Development

Outcomes and academic benefits to students and staff: Attendance at this workshop will promote STEM implementation at Keeling. Part of fulfilling the requirements for this scholarship involves the teacher to offer professional development to others at Keeling. Attendance at this workshop will also supply additional EiE materials to Keeling.

Submitted by: Karissa Weiler 4-7-16
 Signature Date
Annette Ornelas 4-7-16
 Principal/Supervisor Date
Kramer Wilson 4/12/16
 Associate Superintendent/Superintendent Date