### 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: <u>IRHS</u>			
ESTIMATED NUMBER O	F STUDENTS: 16		
NAME OF SCHOOL GRO	UP/CLUB/ENTITY: IRHS W	restling	
STAFF ADVISOR(S)/CHA	PERONES: <u>Joe Kline, Dan Ro</u>	okop, Mike Parker, Rob Lore	<u>d</u>
ABSENCE: # Days 5 Sub	Required: Yes No	# of School Days Missed	<u>0</u>
ACTIVITY / EVENT / PUF	RPOSE OF TRAVEL: 2019 Rau	ıl Huerta Memorial Wrestlin	g Tournament
DESTINATION OF TRAV	EL: <u>Canyon Springs High Sch</u>	ool, Moreno Valley, CA	
DATES OF TRAVEL: <u>Dec</u> ACADEMIC BENEFITS T <u>from other states. The at</u>	ember 19-23, 2019 O STUDENTS: This is a gr hletes that compete in these t	reat opportunity to wrestle l ypes of tournaments have m	high level competition ore opportunity to be
	hes and the possibility to receiv		
PROPOSED METHOD OF District-owned vehicles Transportation approval: Other Enterprise Renta Are expenses paid from any Parent Organization X		ciliary Tax Credits	_ Club Funds
<b>-</b>	UESTED: (OBTAIN RECEI	PTS FOR ALL INCURRED	EXPENSES)
	APPROX. COST	BUDGET CODE	•
Registration	<u>\$425.00</u>	Paid by Wrestling	<u>Boosters</u>
Transportation	<u>\$1,100.00</u>	Paid by Wrestling	<u>g Boosters</u>
Meals		Self-paid	
Lodging	<u>\$2,787.00</u>	Paid by Wrestling	Boosters
Substitutes			

	CT RECEIVE REIMBURSEMENT? <u>No</u> AMOUNTS:	
HOW ARE CHAPE	RONE EXPENSES PAID? <u>Self-paid</u>	
COST TO EACH S	TUDENT \$ <u>\$85.00</u>	
PROVISIONS)? Th	AVEL MADE AVAILABLE TO ALL ELIGIBLE ST to IRHS Wrestling Boosters have raised funds thro Is to make sure that all student-athletes will have	ough various fundraisers to provide
matter what their f		
FUNDING SOURC	E(S): <u>IRHS Wrestling Boosters</u>	
	CTIVITIES PLANNED (If applicable): g - Cheesecake, Rumble at the Ridge, Mister Car W	<u>'ash</u>
The travel is necessa	ry for the implementation of the project funding the tra-	vel.
SUBMITTED BY: _	Joseph Illine Signature	<u>///9</u> //9 Date
APPROVED BY: _	Principal/Supervisor	//./3 Date
	Principal/Supervisor  Muhael Byar	11/27/18
	Associate Superintendent/Superintendent	Date

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#### ORIGINAL SUBMISSION

### THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: <u>La Cima</u>			
ESTIMATED NUMBE	CR OF STUDENTS: 75		
NAME OF SCHOOL O	ROUP/CLUB/ENTITY:	<u>La Cima Middle</u>	School Music Department
			ristopher Newsom, Ray Gee, Javier tavia Willis, and Claudia Alcantar.
ABSENCE: # Days 3	Sub Required: Yes	⊠ No # of	School Days Missed <u>0</u>
ACTIVITY / EVENT /	PURPOSE OF TRAVEL:	Forum Music Fe	estival and Disneyland
DESTINATION OF TR	AVEL: <u>Fullerton Colle</u>	ge ; Fullerton, C	<u> A and Anaheim, CA</u>
better understand to experience level. Students have the outending the festivate recognized adjudicate	S TO STUDENTS: Name of their progress and an electric progress and an electric progress and an electric progress and an electric progress.  OF TRANSPORTATION eles	appropriate mus rk, improve thein ne another, as w present a perfo	stival experience permits students to sical standards for their grade and musical skills and their confidence. The relation standards from other schools remance for evaluation by nationally
Other Charter buses	Mountain View Tours		
Are expenses paid from a Parent Organization $\underline{X}$	my of the following accou	ınts? Auxiliary <u>X</u> T	Tax Credits X Club Funds X
EXPENSES R	EQUESTED: (OBTAIN	RECEIPTS FOR	ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	<u>\$13,050.00</u>		<u>525/526-00-100-1001-6892-165-0000</u> 
Transportation	<u>\$9,000.00</u>		<u>525/526-00-100-1001-6519-165-0000</u>
Meals	\$375.00		<u>525/526-00-100-1001-6892-165-0000</u>

Lodging		 	
Substitute			
TOTAL	<u>\$22,425.0</u>	<u>o</u>	
	RICT RECEIVE REIMBURSE & AMOUNTS:	MENT? <u>No</u>	
HOW ARE CHAP	ERONE EXPENSES PAID? <b>S</b>	<u>elf</u>	
COST TO EACH S	STUDENT \$ <u>280.00</u>		
PROVISIONS)? F	RAVEL MADE AVAILABLE orum Festival scholarshij existing club funds.	TO ALL ELIGIBLE ST os, tax credit donation	TUDENTS (LOW FAMILY INCOME ons, La Cima area scholarships,
FUNDING SOUR	CE(S): Tax credit donations	s, student family cont	ributions, and fundraising.
	CTIVITIES PLANNED (If app t fundraisers, Booster walk-a		outs, and crowd funding.
The travel is necess	ary for the implementation of t	ne project funding the tra	vel.
SUBMITTED BY:	Styphanic Cust Signature	as	11/4/2019 Date
APPROVED BY:	Principal/Supervisor		11/4/19 Date
	Muhael Beg		11/27/19
	Associate Superintendent/	Superintendent	Date

#### THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S):	JJ Letts/Harriet Matia	tos Elyse Greenberg/	<u>Denita Blount</u>	SCHOOL: <b>Donaldson</b>
	Sarah Taouil/Allison Je	ech Shannon Maxon/	Maddy McGann	Department (opt.):
	Andrea Fyock/Courtne	y Gahn	_ DATE(S): <u>Jan</u>	<u>12-14, 2020</u>
ACTIVITY/EVEN	T: No Excuses University	y (NEU) Boot Camp		
LOCATION: Sa	an Diego, CA			
ABSENCE: #	Days <u>3</u> Sub Required:	:⊠Yes □No	# of School Day	s Missed 2
EXPENSES REQU	JESTED: (OBTAIN REC	EIPTS FOR ALL INCUR	RED EXPENSES)	
	<u>APPROXIM</u>	ATE COST		T CODE/DESCRIPTION contributions are District funds and ode.)
Registration	s5,995.00		100-20-100-221	0-6360-106-0000
Transporta	ation <u>\$779.84</u>	Mode <u>Rental Car</u>	100-20-100-2210	<u>0-6582-106-0000</u>
Rental Car	·			
Meals	<u>\$1,220.00</u>		100-20-100-2210	0-6582-106-0000
Lodging	<u>\$2,422.92</u>		100-20-100-2210	0-6582-106-0000
Substitutes	<u>\$1,300.00</u>		100-20-100-2210	<u>0-6113-106-0000</u>
TOTAL	<u>\$11,717.76</u>			
· —	(or) will not ⊠ receive		side sources.	
I uipose oi navel. I	TO INACUSES UNIVERSITY (IV	EU/DOOLCAMP		

Outcomes and academic banefits to students and staff. Danaldson is

Outcomes and academic benefits to students and staff: <u>Donaldson is applying to become part of the No Excuses</u>

Network as part of the school's strategic plan. The Boot Camp will allow the core group of staff members to work with the experts in the network on planning and implementing the six exceptional systems at Donaldson. These systems are designed to increase collaboration, academic success, creativity, and higher level thinking skills in staff and the students. This work is directly aligned with the District's Portrait of a Graduate and is the framework we are using to achieve our goals.

The travel is no	ecessary for the implementation of the project funding th	e travel,
Submitted by:	Melunde Re	11/20/19
	Signature	Date
	Callant	11/20/19
	Principal/Supervisor	Date
	ASSOCIATE Superintendent/Superintendent	11/22/2019 Date

rev. 9/21/05

# THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Cind	ly Sheesley	SCHOOL: District Offices
` '		Department (opt.): Amphi Parents as Teachers
	-	DATE(S): January 12-17, 2020
ACTIVITY/EVENT: Par	rents as Teachers Foundational and N	Model Training
LOCATION: Parents	s as Teachers National Center, 2228 B	all Drive, St. Louis, MO 63146
ABSENCE: # Days	6 Sub Required: ☐Yes ⊠No	# of School Days Missed 5
EXPENSES REQUESTE	ED: (OBTAIN RECEIPTS FOR ALL I	NCURRED EXPENSES)
2.0	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$990.00</u>	474-20-100-2579-6360-509-0000
Transportation	\$491.00 Mode Airplan	<u>474-20-100-2579-6582-509-0000</u>
Rental Car	<u>N/A</u>	
Meals	<u>\$246.00</u>	474-20-100-2579-6582-509-0000
Lodging	<u>\$545.00</u>	<u>474-20-100-2579-6582-509-0000</u>
Substitutes		·
TOTAL	<u>\$2,272.00</u>	
The District will [ (or)	will not 🛛 receive reimbursement fro	om outside sources.
Purpose of travel: Obtain	in certification in the Parents as Teac	hers Foundational and Model implementation.
Outcomes and academic to home visitation. Trainplementation strateg	ining incorporates the Parents as Tea	lay training lays the foundation for the PAT approach chers Quality Assurance Guidelines and offers
The travel is necessary for	or the implementation of the project fun	ding the travel.
Submitted by:	- Gutiers	11/20/19 Date
Signatur	A end	11 11 10
Principa	1/Supervisors 5	
	wheel Byan	11/27/15
Associa	te Superintendent/Superintendent	Date

## THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A, SANCTIONED EVENT TRAVEL.

EMPLOYEE	(S): <u>Darlen</u>	<u>e Mansouri</u>	SCHO	OOL: District Offices
	BORROW-WOOD IN COMPANIES	SIGNATURA ANALIS	De	epartment (opt.): State & Federal Programs
		SECONOLIS Commencial	DAT	E(S): <u>February 3 - 8, 2020</u>
		•		
		nal ESEA Conference - Tog	ether for Equ	<u>ity</u>
LOCATION:	<u>Atlanta, G</u>	<u>eorgia</u>		
ABSENCE:	# Days <u>6</u>	Sub Required: Yes	]No	# of School Days Missed 5
EXPENSES I	REQUESTED:	(OBTAIN RECEIPTS FOR	. ALL INCURI	RED EXPENSES)
		APPROXIMATE COST		BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Regis	tration <u>\$5</u>	599.00		100-20-100-2240-6360-509-0000
Trans	sportation <u>\$6</u>	510.00 Mode	Air+Shuttle	100-20-100-2240-6582-509-0000
Renta	l Car	<del></del>		<del></del>
Meals	\$3	<u>308.00</u>		100-20-100-2240-6582-509-0000
Lodgi	ng <u>\$1</u>	,425.00		100-20-100-2240-6582-509-0000
Subst	itutes			
TOT	'AL <u>\$2</u>	2,942.00		·
ont rotation				
The District w	'ıll ∐ (or) wıl	l not 🛛 receive reimbursen	nent from outsi	ide sources,
Purpose of tra	vel: To attend	l 2020 National ESEA Conf	erence - Toge	ther for Equity
		efits to students and staff:		edge from the ESEA Network and other District.
		e implementation of the proje	-	-
Submitted by:	7.1	leve Manson	J	11.13.19
	oighature			Date
	Principal/Sup	pervisor Besan	•	Date
·	Associate Su	perintendent/Superintendent		Date

### THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

SCHOOL: District Offices EMPLOYEE(S): Serena Campsen Department (opt.): 21st CCLC - ACHIEVE DATE(S): March 14 - March 19, 2020 ACTIVITY/EVENT: Annual National Afterschool Association Convention LOCATION: Washington, DC Sub Required: Yes No # of School Days Missed 0 (Spring Break) ABSENCE: # Days 6 EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES) **BUDGET CODE/DESCRIPTION** APPROXIMATE COST (Note: Tax credit contributions are District funds and require a budget code.) 335-20-100-2579-6360-110-0000 Registration \$610.00 335-20-100-2579-6360-109-0000 335-20-100-2579-6360-116-0000 337-20-100-2579-6360-166-0000 337-20-100-2579-6360-111-0000 337-20-100-2579-6360-108-0000 337-20-100-2579-6360-112-0000 Transportation \$740.00 Mode Airline/Shuttle 335-20-100-2290-6582-110-0000 335-20-100-2290-6582-109-0000 335-20-100-2290-6582-116-0000 337-20-100-2290-6582-166-0000 337-20-100-2290-6582-111-0000 337-20-100-2290-6582-108-0000 337-20-100-2290-6582-112-0000 Rental Car 335-20-100-2290-6582-110-0000 Meals \$329.00 335-20-100-2290-6582-109-0000 335-20-100-2290-6582-116-0000 337-20-100-2290-6582-166-0000 337-20-100-2290-6582-111-0000 337-20-100-2290-6582-108-0000 337-20-100-2290-6582-112-0000 Lodging \$1,563.50 335-20-100-2290-6582-110-0000

335-20-100-2290-6582-110-0000 335-20-100-2290-6582-109-0000 337-20-100-2290-6582-116-0000 337-20-100-2290-6582-111-0000 337-20-100-2290-6582-108-0000 337-20-100-2290-6582-112-0000

Substit	utes							
TOTA	AL	\$3,242.50						
The District wi	ll [] (or)	will not 🛚	receive reimburs	sement from out	side sourc	ees.		
professional de	evelopmen	t opportunit	to attend the and the will teach 21st lopment, afters	CCLC leader'	s method	s for develo	ping afterscl	<u>hool leaders</u>
development a			iopment, afters	choor program	CHHARCEI	nents, and s	diffici Scho	or program
			dents and staff: ] of national after			ool leaders	through a le	arning and
Submitted by:	Signature	-1) <			11/26 Date	119		
	[1801	Supervisor  ANN  Superintende	ent/Superinterede	nt	Date  ///Z Date	4/201	9	

rev. 9/21/05

## THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S):	Polly Kimminau S	Shannon Maxon	SCHOOL: School Operations, Donaldson, La Cima
	Bonnie Keene Ter	esa Fritton	Wilson, AHS, IRHS Department (opt.):
	Leighann Reynolds	Trish Ambrosio	DATE(S): March 31-April 4, 2020
ACTIVITY/EVEN	T: National Council of	Teachers of Mathe	ematics (NCTM) Annual Meeting & Exposition
LOCATION: C	Chicago, Illinois		
ABSENCE: #	Days <u>5</u> Sub Require	ed: 🛛 Yes 🔲 No	# of School Days Missed 4
EXPENSES REQU	UESTED: (OBTAIN RE	CEIPTS FOR ALL	INCURRED EXPENSES)
	<u>APPROXI</u>	MATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registratio	on <u>\$2,580.00</u>		140-20-100-2210-6360-514-0000
Transport	ation \$3,360.00	Mode _	140-20-100-2210-6582-514-0000
Rental Car			
Meals	<u>\$1,782.00</u>		140-20-100-2210-6582-514-0000
Lodging	<u>\$4,155.60</u>		140-20-100-2210-6582-514-0000
Substitutes	\$2,500.00		<u>140-20-100-2210-6113-514-0000</u>
TOTAL	<u>\$14,377.60</u>		
The District will [	] (or) will not 🛛 receiv	ve reimbursement fr	rom outside sources.
Purpose of travel: ' Exposition.	To attend the National	Council of Teacher	rs of Mathematics (NCTM) Annual Meeting &
"Implementing the "Creating a Positi share the informat learned and prese	e Effective Teaching Pr ve Change," and "Build tion learned with collea; nted in class. The inforn	actices," "Experier ling Student Agenc gues throughout th nation gained thro	CTM offers a variety of math sessions with a focus on acing the Depth and Excitement of Mathematics," by." Teachers attending this conference will be able to be District. Students will benefit from the new strategies ugh this conference supports Amphitheater's Portrait, academic content, communication, and problem-
Submitted by:Sig	gnature		Date
_			
Pri	ncipal/Supervisor	1	Date
Ass	Sociate Superintendent/Su	uperintendent	