

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: 15

NAME OF SCHOOL GROUP/CLUB/ENTITY: Amphi Varsity Cheer

STAFF ADVISOR(S)/CHAPERONES: Kayla Kipley and Pablo Cedeno

ABSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 2

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Cheerleading Competition (United Spirit Association-Nationals 2020)

DESTINATION OF TRAVEL: 800 W Katella Ave, Anaheim, CA 92802

DATES OF TRAVEL: Thursday, February 13 through Monday, February 17, 2020

ACADEMIC BENEFITS TO STUDENTS: Students will compete against twenty other nationally-qualified high schools in show cheerleading at a three-day competition in California. Students qualified for this competition in December of 2019. Students will experience what it is like to compete on the most prestigious stage a high school team can compete within cheerleading. The team will be given the opportunity to perform their routine, which they have been working on to perfect, since August. While there, the team will attend Disneyland as a team building activity.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Enterprise Rental

Are expenses paid from any of the following accounts? Auxiliary ___ Tax Credits _____ Club Funds x
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$4,000.00</u>	<u>850-00-100-1001-6892-281-0000</u>
Transportation	<u>\$1,007.48</u>	<u>850-00-410-2790-6519-281-0000</u>

Meals	<u>\$750.00</u>	<u>850-00-100-1001-6892-281-0000</u>
Lodging	<u>\$818.53</u>	<u>850-00-100-1001-6892-281-0000</u>
Substitutes	<u>\$250.00</u>	<u>850-00-100-1001-6113-281-0000</u>
TOTAL	<u>\$6,826.01</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? Chaperones will pay their own expenses, except for lodging.

COST TO EACH STUDENT \$ \$0.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Several opportunities for fundraising are made available to all participating students. Donations were also a contributing factor.

FUNDING SOURCE(S): Club

FUNDRAISING ACTIVITIES PLANNED (If applicable):

Youth cheerleading clinic, pre-selling popcorn, Chipotle fundraising night, pre-selling t-shirts, and a car wash.

SUBMITTED BY: _____
 Signature

12/12/19
 Date

APPROVED BY: JL
 Principal/Supervisor

12/12/19
 Date

Michael Byars
 Associate Superintendent/Supintendent

1/7/20
 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

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 15

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Spiritline

STAFF ADVISOR(S)/CHAPERONES: Karen Wadhams/Nicole Sevinsky

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: USA Spirit Nationals to compete in a nationally recognized competition

DESTINATION OF TRAVEL: Anaheim, CA

DATES OF TRAVEL: 2/14/20-2/17/20

ACADEMIC BENEFITS TO STUDENTS: To compete against students in other schools across the country and for team building and interpersonal skills of team members.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other parents carpool

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>\$665.00</u>	<u>Paid by Booster Club</u>
Transportation	<u>\$ 0.00</u>	<u>self-pay</u>
Meals	<u>\$ 0.00</u>	<u>self-pay</u>
Lodging	<u>\$2,021.76</u>	<u>self-pay</u>
Substitutes	<u>\$250.00</u>	<u>001-00-210-1001-6155-282-0000</u>

TOTAL

\$2,936.76

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

HOW ARE CHAPERONE EXPENSES PAID? club funds

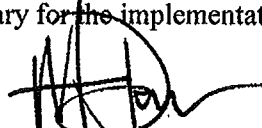
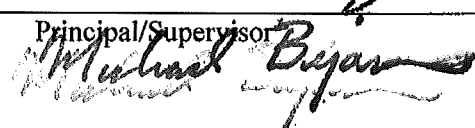
COST TO EACH STUDENT \$ 308.00 approx.

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

FUNDING SOURCE(S): club funds, tax credit

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Video online, car washes, spirit clinic

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

SUBMITTED BY:	 Signature	<u>12/5/19</u> Date
APPROVED BY:	<u>Tana Balleigh</u> Principal/Supervisor	<u>12/5/19</u> Date
	 Associate Superintendent/Superintendent	<u>12/9/15</u> Date

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SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: Academic Decathlon

STAFF ADVISOR(S)/CHAPERONES: Chris and Elethia Yetman

ABSENCE: # Days 2 Sub Required: Yes No # of School Days Missed 5

ACTIVITY / EVENT / PURPOSE OF TRAVEL: National Academic Decathlon Finals

DESTINATION OF TRAVEL: Anchorage, AK

DATES OF TRAVEL: April 25 - May 3, 2020

ACADEMIC BENEFITS TO STUDENTS: Academic Competitlons

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Airline/Rental Vehicles

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits xx Club Funds xx
Parent Organization xx

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$500.00</u>	<u>526-00-100-1001-6892-282-0000</u>
Transportation	<u>\$8,000.00</u>	<u>526-00-100-1001-6519-282-0000</u>
Meals	<u>\$5,000.00</u>	<u>850-00-100-1001-6892-282-0000</u>
Lodging	<u>\$5,000.00</u>	<u>526-00-100-1001-6892-282-0000</u>
Substitutes	<u>\$1,200.00</u>	<u>850-00-100-1001-6113-282-0000</u>
TOTAL	<u>\$19,700.00</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? **Donations, Club Funds, District Funds**

COST TO EACH STUDENT \$ **\$100**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Tax Credit Donations, Club Funds, PTO Donations, District Funds**

FUNDING SOURCE(S): **Tax Credit Donations, Fundraising, Donations**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Chocolate Sales, Bake Sale, Scrimmages

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

SUBMITTED BY: _____ *[Signature]* _____ 12/10/19
Signature Date

APPROVED BY: _____ *[Signature]* _____ 12/12/19
Principal/Supervisor Date

_____ *[Signature]* _____ 1/7/20
Associate Superintendent/Superintendent 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): Todd A. Jaeger, J.D. Susan Zibrat SCHOOL: District Offices
Department (opt.): Governing Board
DATE(S): January 31-February 5, 2020

ACTIVITY/EVENT: National School Boards Association (NSBA) Advocacy Institute
LOCATION: Washington, DC

ABSENCE: # Days 6 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>\$1,390.00</u>	<u>001.00.100.2579.6360.501/502.0000</u>
Transportation	<u>\$1,094.82</u> Mode <u>Air</u>	<u>001.00.100.2579.6582.501/502.0000</u>
Rental Car	_____	_____
Meals	<u>\$ 560.00</u>	<u>001.00.100.2579.6582.501/502.0000</u>
Lodging	<u>\$3,092.00</u>	<u>001.00.100.2579.6582.501/502.0000</u>
Substitutes	_____	_____
TOTAL	<u>\$6,137.02</u>	

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

Purpose of travel: Attend the National School Boards Association (NSBA) Advocacy Institute.

Outcomes and academic benefits to students and staff: NSBA Advocacy Institute brings together education leaders from across the country on Capitol Hill to influence the legislative agenda and shape the decisions made inside the Beltway that directly impact our students.

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

Submitted by: Todd A. Jaeger 1/8/20
Signature Date

Principal/Supervisor _____ Date _____
Michael Beyars 1/8/2020
Associate Superintendent/Supervisor 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): Kimberly Begay

SCHOOL: District Offices

Department (opt.): Native American Education

DATE(S): February 8-12, 2020

ACTIVITY/EVENT: 2020 National Johnson O'Malley Association Conference

LOCATION: Arlington, Virginia

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>\$700.00</u>	<u>230-20-146-2190-6360-509-0000</u>
Transportation	<u>\$579.25 incl Shtl/Prk Mode Airplane</u>	<u>230-20-146-2190-6582-509-0000</u>
Rental Car	_____	_____
Meals	<u>\$245.00</u>	<u>230-20-146-2190-6582-509-0000</u>
Lodging	<u>\$800.00</u>	<u>230-20-146-2190-6582-509-0000</u>
Substitutes	_____	_____
TOTAL	<u>\$2,324.00</u>	

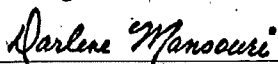
The District will (or) will not receive reimbursement from outside sources.

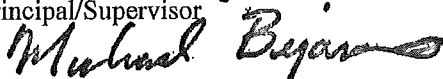
Purpose of travel: Will support the NAE program staff in learning new strategies and techniques for working with Native American students and their families to review mutually developed standards of educational excellence for Indian students served by the educational programs within the United States.

Outcomes and academic benefits to students and staff: To implement the new strategies and techniques for working with Native students and their families to ensure academic success.

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

Submitted by:  _____
Signature Date 1/10/2020

 _____
Principal/Supervisor Date 1.10.2020

 _____
Associate Superintendent/Superintendent Date 1/10/20

**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): Cynthia Nahsonhoya (JOM Parent Officer) SCHOOL: District Offices
 _____ Department (opt.): Native American Education
 _____ DATE(S): February 8-12, 2020

ACTIVITY/EVENT: 2020 National Johnson O'Malley Association Conference

LOCATION: Arlington, Virginia

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>\$700.00</u>	<u>230-20-146-2190-6360-509-0000</u>
Transportation	<u>\$579.25 incl Shtl/Prk Mode Airplane</u>	<u>230-20-146-2190-6582-509-0000</u>
Rental Car	_____	_____
Meals	<u>\$245.00</u>	<u>230-20-146-2190-6582-509-0000</u>
Lodging	_____	_____
Substitutes	_____	_____
TOTAL	<u>\$1,524.25</u>	

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

Purpose of travel: Will support the NAE program staff in learning new strategies and techniques for working with Native American students and their families to review mutually developed standards of educational excellence for Indian students served by the educational programs within the United States.

Outcomes and academic benefits to students and staff: To implement the new strategies and techniques for working with Native students and their families to ensure academic success.

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

Submitted by: [Signature] _____ Date 1/10/2020
 Signature

Darlene Mansouri _____ Date 1.10.2020
 Principal/Supervisor

Michael Bryan _____ Date 1/10/20
 Associate Superintendent/Superintendent

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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): Robert Cannon

SCHOOL: CDO
 Department (opt.): CTE/Fine Arts
 DATE(S): 2/14/2020 - 2/17/2020

ACTIVITY/EVENT: Educational Theatre Association/National Federation of State High School Associations
 Theatre Safety Course Committee Meeting

LOCATION: Educational Theatre Association national offices, 4805 Montgomery Rd., Cincinnati, OH 45212

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

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 _____ Mode _____	<u>Paid by EdTA</u>
Rental Car _____	_____
Meals _____	<u>Paid by EdTA</u>
Lodging _____	<u>Paid by EdTA</u>
Substitutes <u>\$250.00</u>	<u>260.20.364.2210.6113.282.0000</u>
TOTAL <u>\$250.00</u>	

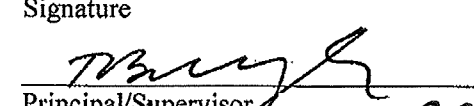
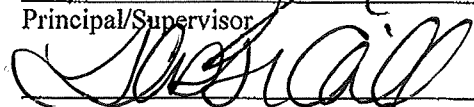
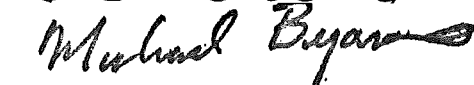
The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: In-person meeting with committee to finalize online Technical Theatre Safety course.

Outcomes and academic benefits to students and staff: Students benefit by having me meet with other high school theatre teachers discussing safety and creating online coursework. Theatre staff in the District will have access to online coursework to enhance safety in the classrooms and on stage.

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

Submitted by:

Signature	Date
	<u>12/20/19</u>
Principal/Supervisor	Date
	<u>12/20/19</u>
Associate Superintendent/Superintendent	Date
	<u>1/1/20</u>

**AMPHITHEATER PUBLIC SCHOOLS
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EMPLOYEE(S): Scott Little

SCHOOL: District Offices
 Department (opt.): Finance
 DATE(S): March 01 - 05, 2020

ACTIVITY/EVENT: AGRiP Spring Governance Conference

LOCATION: Orlando, FL

ABSENCE: # Days 5 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>
Registration	_____		_____
Transportation	<u>\$22.50</u>	Mode <u>parking</u>	<u>001-00-100-2579-6582-520-0000</u>
Rental Car	_____		_____
Meals	<u>\$112.00</u>		<u>001-00-100-2579-6582-520-0000</u>
Lodging	_____		_____
Substitutes	_____		_____
TOTAL	<u>\$134.50</u>		

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

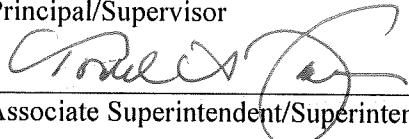
The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: Governance Conference

Outcomes and academic benefits to students and staff: Travel expenses paid by the AZ School Risk Retention Trust

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

Submitted by:  12/10/2019
 Signature Date

Principal/Supervisor _____ Date _____
 12/10/19
 Associate Superintendent/Supervisor Date

**AMPHITHEATER PUBLIC SCHOOLS
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EMPLOYEE(S): Pam Vandivort Shari Lossou-Lossavi SCHOOL: District Offices
Erin Hurguy José Salcido Department (opt.): _____
 _____ DATE(S): 4/1-5/20

ACTIVITY/EVENT: National Science Teacher Association Conference

LOCATION: Boston, MA

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>\$1,580.00</u>	<u>140-20-100-2210-6360-515-0000</u>
Transportation	<u>\$2,400.00</u> Mode <u>air</u>	<u>140-20-100-2210-6582-515-0000</u>
Rental Car	_____	_____
Meals	<u>\$1,098.00</u>	<u>140-20-100-2210-6582-515-0000</u>
Lodging	<u>\$5,000.00</u>	<u>140-20-100-2210-6582-515-0000</u>
Substitutes	<u>\$1,125.00</u>	<u>140-20-100-2210-6113-515-0000</u>
TOTAL	<u>\$11,203.00</u>	

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

Purpose of travel: To attend the National Conference on Science Education.

Outcomes and academic benefits to students and staff: We will share what is learned with others in the District.

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

Submitted by: _____
 Signature Date

Principal/Supervisor _____ Date
Michael Byars
 Associate Superintendent/Superintendent _____ Date
1/7/20

**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): Cherie Gaither, Bertha Rischar _____ SCHOOL: District Offices
 _____ Department (opt.): Student Services
 _____ DATE(S): June 29 -July 3, 2020

ACTIVITY/EVENT: 2020 National Association of School Nurses 52nd Annual Conference

LOCATION: Las Vegas, NV

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>\$1,160.00</u>	<u>00100100257963605420000</u>
Transportation	<u>\$1,200.00</u> Mode <u>air</u>	<u>00100100257965825420000</u>
Rental Car	_____	_____
Meals	<u>\$459.00</u>	<u>00100100257965825420000</u>
Lodging	<u>\$1,632.00</u>	<u>00100100257965825420000</u>
Substitutes	_____	_____
TOTAL	<u>\$4,451.00</u>	

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

Purpose of travel: Enable us to attend education sessions that are directly applicable to our work and build professional network with school health experts around the country and the world.

Outcomes and academic benefits to students and staff: To learn evidence-based approaches to keeping children and staff healthy in school and be able to share in future staff meetings/resources.

Submitted by:

Signature	_____	Date	_____
	<u>Kristin A. McGraw</u>		<u>12/19/19</u>
Principal/Supervisor	_____	Date	_____
	<u>Michael Bryan</u>		<u>1/7/20</u>
Associate Superintendent/Superintendent	_____	Date	_____