

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): Laurie Sheber _____

SCHOOL: AHS

Department (opt.): _____

DATE(S): 10/18-21/2011

ACTIVITY/EVENT: AVID Administrator Training

LOCATION: Indianopolis, IN

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>
Registration	<u>\$499.00</u>	<u>100.12.100.2210.281.6360</u>
Transportation	<u>\$398.00</u> Mode <u>air</u>	<u>100.12.100.2210.281.6582</u>
Rental Car	<u>\$</u>	
Meals	<u>\$156.00</u>	<u>100.12.100.2210.281.6582</u>
Lodging	<u>\$500.00</u>	<u>100.12.100.2210.281.6582</u>
Substitutes	_____	_____
TOTAL	<u>\$1553.00</u>	

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

Purpose of travel: AVID (Advancement Via Individual Determination) training for our site administrator to support the implementation of the program at AHS. This program is in its inaugural year at Amphi High School and is working to coordinate with the AVID programs currently in place at Amphi Middle School and La Cima Middle School.

Outcomes and academic benefits to students and staff: Site Administrator will learn effective practices for implementing a successful AVID program. The AVID program targets our underserved students (minority and average achievers), provides quality staff development for teachers, helps schools

Submitted by: _____

Signature

8/26/2011
Date

Principal/Superintendent

8/26/11
Date

8-30-11

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): Chris Potter

SCHOOL: District Offices
Department (opt.): School Operations
DATE(S): 11-16 through 11-20, 2011

ACTIVITY/EVENT: NCTE Conference

LOCATION: Chicago, IL

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

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>\$275.00</u>	<u>140.12.100.2210.515.6360</u>
Transportation	<u>\$511.00</u> Mode <u>air/taxi</u>	<u>140.12.100.2210.515.6582</u>
Rental Car	_____	_____
Meals	<u>\$295.00</u>	<u>140.12.100.2210.515.6582</u>
Lodging	<u>\$881.00 (4 nights)</u>	<u>140.12.100.2210.515.6582</u>
Substitutes	_____.	_____
TOTAL	<u>\$1962.00</u>	

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

Purpose of travel: Current literacy practices and staff development implementation/support

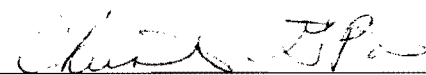
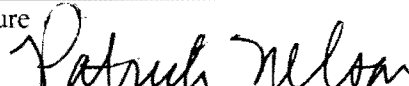
Outcomes and academic benefits to students and staff: To obtain current information regarding best practices in literacy instruction and assessment, K-12;

To obtain current literacy information pertaining to Literacy Across the Curriculum as applied to implementation of our Common Core State Standards

To attend the sessions of a presenter who is tentatively scheduled for our 2013 T & L Conference (Kelly Gallagher)

To seek and preview possible presenters for future T & L Conferences. As we move into our 11th year it is becoming increasingly challenging to find and afford good presenters.

Submitted by:


Signature

Associate Superintendent/Superintendent

9/12/11

Date

9-12-11

Date

**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: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 17

NAME OF SCHOOL GROUP/CLUB/ENTITY: **IRHS Model United Nations**

STAFF ADVISOR(S)/CHAPERONES: **Rob Clouse (IRHS Teacher), Carmen Melton (mother of student)**

ABSENCE: # Days 2 Sub Required: ☒ Yes ☐ No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **UCLA Bruin MUN Conference**

DESTINATION OF TRAVEL: **Los Angeles, CA**

DATES OF TRAVEL: **November 11-13, 2011**

ACADEMIC BENEFITS TO STUDENTS: **Students take on the role of United Nations ambassadors and debate with kids around the country in order to determine solutions to real-world problems facing the international community. For this reason, they must engage in extremely high level thinking and have been prepared for the conference by conducting extensive amounts of research to ensure their stance on the agenda items is correct and realistic.**

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other **Touring bus**

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>\$900</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>\$3000</u>	<u>526/850-00-100-3400-280-6519</u>
Meals	<u>paid by students</u>	_____
Lodging	<u>\$1500</u>	<u>526/850-00-100-3400-280-6892</u>

Substitutes _____

TOTAL \$5400

WILL THE DISTRICT RECEIVE REIMBURSEMENT? none needed

IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? club funds and partially paid by chaperone him/herself

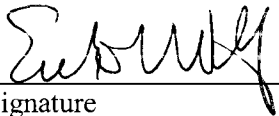
COST TO EACH STUDENT \$ 50

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? fundraising to off-set inability to pay \$50

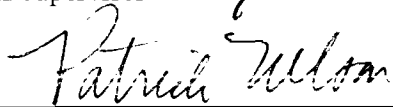
FUNDING SOURCE(S): club funds, tax credits

FUNDRAISING ACTIVITIES PLANNED (If applicable):

car wash, candy sales, hosting our own conference, among others

SUBMITTED BY:  9-7-11
Signature Date

APPROVED BY:  9/9/11
Principal/Supervisor Date

 9 9 11
Associate Superintendent/Superintendent Date

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: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 10

NAME OF SCHOOL GROUP/CLUB/ENTITY: **DECA**

STAFF ADVISOR(S)/CHAPERONES: **Jim Norby**

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Western Region DECA**

DESTINATION OF TRAVEL: **San Diego, CA**

DATES OF TRAVEL: **November 10-13, 2011**

ACADEMIC BENEFITS TO STUDENTS: **a. Leadership development**

b. DECA organization and management on the local, state, and/or national level

c. DECA activities and competitive events on the local, state, and national level

d. Career exploration and/or career development activities

e. Communications skill development and/or improvement

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other **Air**

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
	<u>\$135 Advisor</u>	<u>400-12-270-2190-280-6360</u>
Registration	<u>\$1350 Students</u>	<u>526-850-00-100-3400-280-6892</u>
	<u>\$288 Advisor</u>	<u>400-12-270-2190-280-6582</u>
Transportation	<u>\$2,880 Students</u>	<u>526-850-00-100-3400-280-6519</u>
	<u>\$150</u>	<u>400-12-270-2190-280-6582</u>
Meals	<u>NA Student Pays</u>	_____
	<u>\$1572 Student Lodging</u>	<u>526-850-00-100-3400-280-6892</u>

Lodging	<u>\$525 Advisor</u>	<u>400-12-270-2190-280-6582</u>
Substitutes	<u>\$200</u>	<u>400-12-270-1001-280-6113</u>
TOTAL	<u>\$7,100</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? **NA**

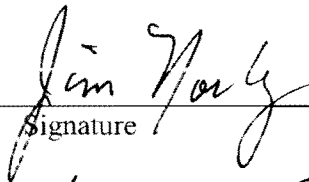
COST TO EACH STUDENT \$ **450 (approx)**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Club funds, tax credits, and fund raising**

FUNDING SOURCE(S): **Hawk House (SBE); fundraising**

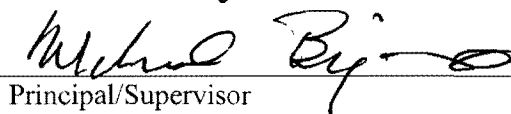
FUNDRAISING ACTIVITIES PLANNED (If applicable):
Selling spirit items, snacks, & car washes

SUBMITTED BY: _____


Signature

8-30-11
Date

APPROVED BY: _____


Principal/Supervisor

8-30-11
Date


Associate Superintendent/Superintendent

9-10-11
Date

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Attach supporting documentation as needed

ORIGINAL SUBMISSION

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COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL**

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 10

NAME OF SCHOOL GROUP/CLUB/ENTITY: DECA

STAFF ADVISOR(S)/CHAPERONES: Terri Bible

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Western Region DECA

DESTINATION OF TRAVEL: San Diego, CA

DATES OF TRAVEL: November 10-13, 2011

ACADEMIC BENEFITS TO STUDENTS: a. Leadership development

b. DECA organization and management on the local, state, and/or national level

c. DECA activities and competitive events on the local, state, and national level

d. Career exploration and/or career development activities

e. Communications skill development and/or improvement

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>\$135 Advisor</u>	<u>400-12-270-2190-282-6360</u>
	<u>\$1350 Students</u>	<u>526/850-00-100-3400-282-6892</u>
Transportation	<u>\$288 Advisor</u>	<u>400-12-270-2190-282-6582</u>
	<u>\$2,880 Students</u>	<u>526/850-00-100-3400-282-6892</u>
Meals	<u>\$150 Advisor</u>	<u>400-12-270-2190-282-6582</u>
	<u>NA Student Pays</u>	_____
Lodging	<u>\$1,500/\$72 Student Lodging</u>	<u>400-12-270 2190 282 6892 526/850-00-100-3400-282-6892</u>
	<u>\$525 Advisor</u>	<u>400-12-270-2190-282-6582</u>
Substitutes	<u>\$200</u>	<u>400-12-270-1001-282-6113</u>
TOTAL	<u>\$7,100</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? NA

COST TO EACH STUDENT \$ \$450 (approx)

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Student travel scholarships; Dorado Den/club funds

FUNDING SOURCE(S): Dorado Den (SBE); fundraising, CTE, JTED

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Selling spirit items; car washes

SUBMITTED BY: _____

Signature

8/31/11
Date

APPROVED BY: _____

Principal/Supervisor

9/2/11
Date

Associate Superintendent/Superintendent

9-10-11
Date