

**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): Tadeh Issaian

SCHOOL: District Offices
 Department (opt.): State and Federal Programs
 DATE(S): June 12-17, 2011

ACTIVITY/EVENT: Parents as Teachers Foundational and Model Training for educator certification.

LOCATION: St. Louis, MO

ABSENCE: # Days 6 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>\$850</u>	<u>475-00-100-2579-510-6360</u>
Transportation	<u>\$450</u> Mode <u>Airplane</u>	<u>475-00-100-2290-510-6582</u>
Rental Car	<u>N/A</u>	<u>N/A</u>
Meals	<u>\$650</u>	<u>475-00-100-2290-510-6582</u>
Lodging	<u>\$600</u>	<u>475-00-100-2290-510-6582</u>
Substitutes	<u>N/A</u>	<u>N/A</u>
TOTAL	<u>\$2,550</u>	

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

Purpose of travel: Parent Educator training for certification is mandatory for the Amphi Parents as Teachers program.

Outcomes and academic benefits to students and staff: Increase parent involvement, early intervention, kinder-readiness, family literacy.

Submitted by: Tadeh Issaian 4/12/11
 Signature Date
T. Coll 4/22/11
 Principal/Supervisor Date
Patrick Nelson 4-25-11
 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: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: IRHS Wrestling Club

STAFF ADVISOR(S)/CHAPERONES: Tim Berrier and Jeff Hannan

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: AAU Grand Nationals

DESTINATION OF TRAVEL: Santa Fe NM

DATES OF TRAVEL: 06/08/2011-06/11/2011

ACADEMIC BENEFITS TO STUDENTS: The students will develop self confidence by competing against students from across the U.S. in wrestling.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Van Rental

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	_____	_____
Transportation	<u>1682</u>	526/ <u>850-00-100-3400-280-6519</u>
Meals	_____	_____
Lodging	<u>1282</u>	526/ <u>850-00-100-3400-280-6892</u>
Substitutes	_____	_____
TOTAL	<u>4385</u>	

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

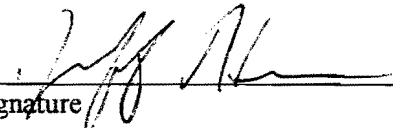
HOW ARE CHAPERONE EXPENSES PAID? self paid

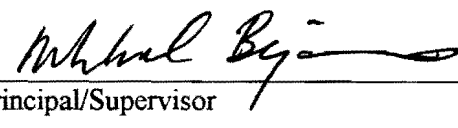
COST TO EACH STUDENT \$ 0


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

FUNDING SOURCE(S): Tax credit and club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY:  4-20-11
Signature Date

APPROVED BY:  4-20-11
Principal/Supervisor Date

 4-25-11
Associate Superintendent/Superintendent Date

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ORIGINAL SUBMISSION

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ESTIMATED NUMBER OF STUDENTS: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: IRHS Wrestling Club

STAFF ADVISOR(S)/CHAPERONES: Tim Berrier and Jeff Hannan

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Arbor View Duals

DESTINATION OF TRAVEL: Las Vegas NV

DATES OF TRAVEL: 06/13/2011-06/15/2011

ACADEMIC BENEFITS TO STUDENTS: The students will develop self confidence by competing against students from across the U.S. in wrestling.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Van Rental

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>350</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>1682</u>	<u>526/850-00-100-3400-280-6519</u>
Meals	_____	_____
Lodging	<u>1282</u>	<u>526/850-00-100-3400-280-6892</u>
Substitutes	_____	_____
TOTAL	<u>4735</u>	

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


HOW ARE CHAPERONE EXPENSES PAID? self paid

COST TO EACH STUDENT \$ 0

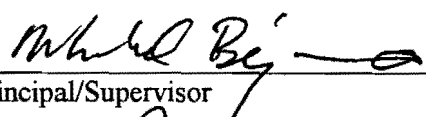
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SUBMITTED BY: 
Signature

4-20-11
Date

APPROVED BY: 
Principal/Supervisor

4-20-11
Date


Associate Superintendent/Superintendent

4-25-11
Date