## 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 OF STUDENTS: 20						
NAME OF SCHOOL GROUP/CLUB/ENTITY: IRHS Varsity Wrestling Team						
STAFF ADVISOR(S)/CHAPERONES: Tim Berrier, Paul Vasquez, Steven Montano						
ABSENCE: # Days 1 S	Sub Required: X Yes	No # of School Days Missed 1				
ACTIVITY / EVENT / P	URPOSE OF TRAVEL: <u>La</u>	s Cruces Wrestling Invitational				
DESTINATION OF TRA	AVEL: Las Cruces, New I	Mexico				
DATES OF TRAVEL: 12/13-14/2013 ACADEMIC BENEFITS TO STUDENTS: Students will increase their chances for college scholarships by competing against out of state opponents.						
PROPOSED METHOD ( District-owned vehic) Transportation approval: Other Van Rental						
Are expenses paid from a Parent Organization <u>x</u>	ny of the following accounts	s? Auxiliary Tax Credits <u>x</u> Club Funds <u>x</u>				
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)						
	APPROX. COST	BUDGET CODE				
Registration	<u>\$300</u>	526/850-00-100-3400-280-6892				
Transportation	<u>\$500</u>	526/850-00-100-3400-280-6519				
Meals		- Carlotte C				
Lodging	<u>\$400</u>	526/850-00-100-3400-280-6892				
Substitutes	<u>\$80</u>	530/850-00-100-3400-280-6113				

WILL THE DISTRICT RECEIVE REIMBURSEMENT? <b>No</b> IF SO, SOURCE & AMOUNTS:	
HOW ARE CHAPERONE EXPENSES PAID? Self paid	
COST TO EACH STUDENT \$ Meals \$40-\$50	
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUIPROVISIONS)? Booster club would be willing to help any students that no	
FUNDING SOURCE(S): Tax credits, wrestling club account, booster	r club
FUNDRAISING ACTIVITIES PLANNED (If applicable):  Car washes, dinner/silent auction	
SUBMITTED BY:  Signature	8/23/13 Date
APPROVED BY: Principal/Supervisor	S. 2013 Date
	$\Omega$ $\Omega$

Associate Superintendent/Superintendent

## 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 NUMBE	ER OF STUDENTS: 16	
NAME OF SCHOOL (	GROUP/CLUB/ENTITY: IRH	S Varsity Wrestling Team
STAFF ADVISOR(S)/0	CHAPERONES: <u>Tim Berrie</u>	r, Paul Vasquez, Steven Montano
ABSENCE: # Days <u>Q</u>	Sub Required: Yes	No # of School Days Missed <u>0</u>
ACTIVITY / EVENT /	PURPOSE OF TRAVEL: Las	s Vegas Holiday Wrestling Classic
DESTINATION OF TR	RAVEL: <b>Las Vegas, Nevad</b>	<u>a</u>
		tudents will increase their chances of college ate opponents.
PROPOSED METHOD  ☐ District-owned veh  Transportation approva  ☐ Other Rental Vans		
Are expenses paid from Parent Organization <u>x</u>	any of the following accounts	? Auxiliary Tax Credits <u>x</u> Club Funds <u>x</u>
EXPENSES 1	REQUESTED: (OBTAIN R	ECEIPTS FOR ALL INCURRED EXPENSES)
	APPROX. COST	BUDGET CODE
Registration	<u>\$550</u>	526/850-00-100-3400-280-6892
Transportation	<u>\$1,000</u>	526/850-00-100-3400-280-6519
Meals	MINISTRALIZATION COMMINGS	
Lodging	<u>\$1,200</u>	526/850-00-100-3400-280-6892
Substitutes		

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No IF SO, SOURCE & AMOUNTS:		
HOW ARE CHAPERONE EXPENSES PAID? Self paid		
COST TO EACH STUDENT \$ \$80-\$100 for meals		
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUPROVISIONS)? Booster club would be willing to help out any stumeal money.		
FUNDING SOURCE(S): tax credits, wrestling club account, booste	r club	
FUNDRAISING ACTIVITIES PLANNED (If applicable): car washes, dinner/silent auction		
SUBMITTED BY:  Signature	8/23/13 Date	(A) (
APPROVED BY: Principal/Supervisor	Date /  8.26-3  Date	

Associate Superintendent/Superintendent

## 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): <u>K</u>	imberly Antos	S	SCHOOL: <u>CDO</u>	
A	melia Quinn	Sistery Connection de Connection	Department (opt.): Mathematics	
		I	DATE(S): October 23-25, 2013	
ACTIVITY/EVENT: I	NCTM Regional N	<u>leeting</u>		
LOCATION: <u>Las v</u>	Vegas, NV			
ABSENCE: # Da	ıys <u>3</u> Sub Requi	red: 🛛 Yes 🔲 No	# of School Days Missed 3	
EXPENSES REQUES	STED: (OBTAIN R	ECEIPTS FOR ALL INC	CURRED EXPENSES)	
	<u>APPROX</u>	KIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	601.00		530-00-100-2210-282-6360	
Transportatio	on <u>self pay</u>	Mode <u>car</u>		
Rental Car	EXPLORE FOR HELLOWICH MALE MUNICIPAL			
Meals	self pay		Contraction of the Contraction o	
Lodging	self pay			
Substitutes	<u>450.00</u>		530-00-100-1001-282-6113	
TOTAL	<u>1051.00</u>			
The District will [ ]	or) will not 🛭 red	ceive reimbursement from	outside sources.	
Purpose of travel: <u>Tea</u>	chers will be atter	nding NCTM regional m	eetings	
Outcomes and academ	ic benefits to stude	nts and staff: <b>Teachers v</b>	vill attend sessions that will allow them to learn	
practices central to to	eaching the Comm	on Core State Standard	s, discover ways to include 21st Century learning in	
the math classroom, etechniques.	explore new and e	fective differentiated in	struction methods, and refine assessment	
Submitted by:	LAND	Anda Que		
Signatu	ire	1	Date	
ju ju	ul Du		3/24/13	
Principal/Supervisor Date				
Moun helm 9/3/13				
Associate Superintendent/Superintendent Date				