

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: CDO

ESTIMATED NUMBER OF STUDENTS: 10

NAME OF SCHOOL GROUP/CLUB/ENTITY: Canyon Cagers (Girls Basketball)

STAFF ADVISOR(S)/CHAPERONES: Coaches Kent Senzee & Darrin Pierce/ Chaperones Devina Montierth & Carelle Bull

ABSENCE: # Days 5 Sub Required:  Yes  No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Summer Basketball Tournament

DESTINATION OF TRAVEL: San Diego, California

DATES OF TRAVEL: July 16 - 20, 2014

ACADEMIC BENEFITS TO STUDENTS: Student athletes will bond as a team and learn how to get along with others. They will learn leadership and sportsmanship qualities and will also learn how to budget their own money. These are two key ingredients they will need once they graduate high school. They will also compete against other teams to improve their skills.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other Coaches and Chaperones will use their personal vehicles

Are expenses paid from any of the following accounts? Auxiliary yes Tax Credits yes Club Funds yes  
Parent Organization no

**EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)**

|                | APPROX. COST  | BUDGET CODE                         |
|----------------|---------------|-------------------------------------|
| Registration   | <u>\$495</u>  | <u>526/850-00-100-1001-282-6892</u> |
| Transportation | <u>\$0</u>    | <u>n/a</u>                          |
| Meals          | <u>\$0</u>    | <u>n/a</u>                          |
| Lodging        | <u>\$1352</u> | <u>526/850-00-100-1001-282-6892</u> |

Substitutes \_\_\_\_\_

TOTAL **\$1847**

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **no**  
IF SO, SOURCE & AMOUNTS: \_\_\_\_\_

HOW ARE CHAPERONE EXPENSES PAID? **no chaperone costs**

COST TO EACH STUDENT \$ **120 for food and pocket money**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **available to all**

FUNDING SOURCE(S): **Canyon Cagers**

FUNDRAISING ACTIVITIES PLANNED (If applicable):  
**none**

SUBMITTED BY: Kent Senjoe  
Signature

**5-4-2014**  
Date

APPROVED BY: Patricia Harris  
Principal/Supervisor

**5-4-14**  
Date

[Signature]  
Associate Superintendent/Superintendent

**5/25/14**  
Date

AMPHITHEATER PUBLIC SCHOOLS  
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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: **IRHS**

ESTIMATED NUMBER OF STUDENTS: **40**

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Cross Country**

STAFF ADVISOR(S)/CHAPERONES: **Gary Forrest, Rob Clouse, Michael and Luanne Prillaman**

ABSENCE: # Days **3** Sub Required:  Yes  No # of School Days Missed **1**

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Mt. Carmel Cross Country Meet**

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

DATES OF TRAVEL: **9/19-9/21, 2014**

ACADEMIC BENEFITS TO STUDENTS: **Students will compete against some of the best athletes in the country.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: \_\_\_\_\_

Other **Tour 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   | <b><u>\$275.00</u></b>   | <b><u>526/850-00-100-1001-280-6892</u></b> |
| Transportation | <b><u>\$3,400.00</u></b> | <b><u>526/850-00-100-1001-280-6519</u></b> |
| Meals          | <b><u>\$2,300.00</u></b> | <b><u>526/850-00-100-1001-280-6892</u></b> |
| Lodging        | <b><u>\$2,710.00</u></b> | <b><u>526/850-00-100-1001-280-6892</u></b> |
| Substitutes    | <b><u>\$108.50</u></b>   | <b><u>530-00-100-3400-280-6113</u></b>     |
| TOTAL          | <b><u>\$8,793.50</u></b> |  |

WILL THE DISTRICT RECEIVE REIMBURSEMENT? N/A

IF SO, SOURCE & AMOUNTS: \_\_\_\_\_

HOW ARE CHAPERONE EXPENSES PAID? Yes

COST TO EACH STUDENT \$ 200.00

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

FUNDING SOURCE(S): Tax Credit from Cross Country Tax Credit Account

FUNDRAISING ACTIVITIES PLANNED (If applicable):

None

SUBMITTED BY: Mary Jonest  
Signature

5/16/14  
Date

APPROVED BY: [Signature]  
Principal/Supervisor

5/16/14  
Date

[Signature]  
Associate Superintendent/Superintendent

5/28/14  
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): Jon Lansa Lisa Millerd  
Alma Mejia-Garcia

SCHOOL: AHS  
Department (opt.): \_\_\_\_\_  
DATE(S): 6/17/14 – 6/19/14

ACTIVITY/EVENT: A Framework for Understanding Poverty – Trainer Certification

LOCATION: Santa Fe, NM

ABSENCE: # Days 3 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>\$2,685 total (\$795/each, plus \$300 for Audio)</u> | 100-14-100-2210-510-6360   |
| Transportation          | <u>\$1000</u> Mode <u>airline/car</u>                   | 100-14-100-2210-510-6582   |
| Rental Car              | <u>\$400</u>  | 100-14-100-2210-510-6582   |
| Meals                   | <u>\$600</u>  | 100-14-100-2210-510-6582   |
| Lodging                 | <u>\$1000 (2 rooms @164.71/night)</u>                   | 100-14-100-2210-510-6582   |
| Substitutes             | NA  |  |
| TOTAL                   | <u>\$5,685</u>  |  |

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

Purpose of travel: To attend the Framework for Understanding Poverty – 2 year trainer session.

Outcomes and academic benefits to students and staff: This seminar prepares individuals to present information from A Framework for Understanding Poverty to their own organizations (AHS and other sites). This information is critical for teachers and staff who work with students in poverty. This training will be used to guide instructional strategies and program designs to maximize their effect with students in poverty.

Submitted by: 82281/JL 5/24/14  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Jon Lansa  
Associate Superintendent/Supervisor \_\_\_\_\_ Date 5/29/14

**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): Lisa Aukee  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: CDO  
 Department (opt.): \_\_\_\_\_  
 DATE(S): 6/22-6/27/14

ACTIVITY/EVENT: AP Psychology Summer Institute

LOCATION: San Diego, CA

ABSENCE: # Days 6 Sub Required:  Yes  No # of School Days Missed 0


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>740.00</u>                      | <u>525-00-100-2210-282-6360</u>  |
| Transportation          | <u>400.00</u> Mode <u>personal</u> | <u>525-00-100-2210-282-6582</u>  |
| Rental Car              | _____                              | _____  |
| Meals                   | <u>self pay</u>                    | _____  |
| Lodging                 | <u>500.00</u>                      | <u>525-00-100-2210-282-6582</u>  |
| Substitutes             | _____                              | _____  |
| TOTAL                   | <u>1640.00</u>                     |  |

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

Purpose of travel: Teacher will attend the AP Conference to be trained to teach AP Psychology in the 2014-2015 school year.

Outcomes and academic benefits to students and staff: Teacher needs AP training for Psychology in order to teach the class in the fall.

Submitted by:  05/01/14  
 Signature Date

 5/10/14  
 Principal/Supervisor Date

 5/29/14  
 Associate Superintendent/Supervisor 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.**

EMPLOYEE(S): Fabienna Godlewski

SCHOOL: CDO

Department (opt.): Math

DATE(S): 7/15-7/19/2014

ACTIVITY/EVENT: IB Math Studies SL Training

LOCATION: Albuquerque, New Mexico

ABSENCE: # Days 5 Sub Required:  Yes  No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

| <u>APPROXIMATE COST</u> |                               | <u>BUDGET CODE/DESCRIPTION</u>  |
|-------------------------|-------------------------------|---------------------------------|
| Registration            | <u>1289.00</u>                | <u>140-14-100-2210-510-6360</u> |
| Transportation          | <u>600.00</u> Mode <u>car</u> | <u>140-14-100-2210-510-6582</u> |
| Rental Car              | <u>80.00 Shuttle</u>          | <u>140-14-100-2210-510-6582</u> |
| Meals                   | <u>176.00</u>                 | <u>140-14-100-2210-510-6582</u> |
| Lodging                 | <u>Included</u>               | _____                           |
| Substitutes             | <u>0</u>                      | _____                           |
| TOTAL                   | <u>2145.00</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: Purpose for training in IB Math Studies SL is to teach IB Math Studies and meet the needs of our diverse student population and maintain the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for a rigorous broad and balanced academically demanding programme of study with the development of critical-thinking and reflective skills for student achievement.

Submitted by: Mrs. Godlewski  
Signature

5/27/14  
Date

Paul DeWitt  
Principal/Supervisor

5/27/14  
Date

James Hea  
Associate Superintendent/Supervisor

5/28/14  
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): Grant Studer  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: CDO  
 Department (opt.): Music  
 DATE(S): 7/16-7/19/2014

ACTIVITY/EVENT: IB Music SL Training

LOCATION: Albuquerque, New Mexico

ABSENCE: # Days 4 Sub Required:  Yes  No # of School Days Missed 0

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>1289.00</u>                    | <u>140-14-100-2210-510-6360</u>  |
| Transportation          | <u>800.00</u> Mode <u>airline</u> | <u>140-14-100-2210-510-6582</u>  |
| Rental Car              | <u>80.00 Shuttle</u>              | <u>140-14-100-2210-510-6582</u>  |
| Meals                   | <u>176.00</u>                     | <u>140-14-100-2210-510-6582</u>  |
| Lodging                 | <u>Included</u>                   | _____  |
| Substitutes             | <u>0</u>                          | _____  |
| TOTAL                   | <u>2345.00</u>                    |  |

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

Purpose of travel: Purpose for training in IB Music SL is to prepare our IB Music teacher to meet the needs of our diverse music student population and maintain the International Baccalaureate Programme requirements.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for a rigorous, broad, and balanced academically demanding programme of study with the development of critical-thinking and reflective skills for student achievement.

Submitted by: [Signature] 5/8/14  
 Signature Date  
[Signature] 5/13/14  
 Principal/Supervisor Date  
[Signature] 5/28/14  
 Associate Superintendent/Superintendent Date



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EMPLOYEE(S): Jean Gowen \_\_\_\_\_

SCHOOL: IRHS

Department (opt.): \_\_\_\_\_

DATE(S): July 22-26, 2014

ACTIVITY/EVENT: Farm to the Table Cooking Class

LOCATION: Boulder, CO

ABSENCE: # Days 5 Sub Required:  Yes  No # of School Days Missed 0

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>0</u>                      | _____  |
| Transportation          | <u>450.00</u> Mode <u>Air</u> | <u>260-14-270-2210-280-6582</u>  |
| Rental Car              | <u>240.00</u>                 | <u>260-14-270-2210-280-6582</u>  |
| Meals                   | <u>343.00</u>                 | <u>260-14-270-2210-280-6582</u>  |
| Lodging                 | <u>630.00</u>                 | <u>260-14-270-2210-280-6582</u>  |
| Substitutes             | _____                         | _____  |
| <b>TOTAL</b>            | <b><u>1663.00</u></b>         |  |

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

Purpose of travel: To learn to cook seasonal dishes from fresh foods

Outcomes and academic benefits to students and staff: Young people who have the chance to dig in a garden, learn about nutrition, agriculture and the natural world, and have the opportunity to cook fresh foods, are more likely to eat these healthy foods when they are served in the school cafeteria and when available to them at home.

Submitted by:

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

**AMPHITHEATER PUBLIC SCHOOLS  
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EMPLOYEE(S): Patrick Nelson \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL: District Offices  
 Department (opt.): Superintendent  
 DATE(S): 9/30-10/3, 2014

ACTIVITY/EVENT: EdLeader21 4<sup>th</sup> Annual Event  
 LOCATION: Atlanta, GA

ABSENCE: # Days 4 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   | _____                   |                 | _____  |
| Transportation | <u>\$484</u>            | Mode <u>air</u> | <u>140-15-100-2210-510-6582</u>  |
| Rental Car     | _____                   |                 | _____  |
| Meals          | <u>\$180</u>            |                 | <u>140-15-100-2210-510-6582</u>  |
| Lodging        | <u>\$555</u>            |                 | <u>140-15-100-2210-510-6582</u>  |
| Substitutes    | _____                   |                 | _____  |
| TOTAL          | <u>\$1,219</u>          |                 |  |

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

Purpose of travel: **To build collaborative relationships through face-toface networking. Strengthen the implementation capabilities and share EdLeader21 successes in 21<sup>st</sup> century education.**

Outcomes and academic benefits to students and staff: **As above**

Submitted by: Patrick Nelson \_\_\_\_\_ 5/23/14  
 Signature Date  
 \_\_\_\_\_  
 Principal/Supervisor Date  
Bob Cas \_\_\_\_\_  
 Associate Superintendent/Superintendent Date