

**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: 17

NAME OF SCHOOL GROUP/CLUB/ENTITY: Varsity Cheer Competition Team

STAFF ADVISOR(S)/CHAPERONES: Julie Ramsey, Kayla Kipley, David Watson Sr.

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: USA National Spirit Cheer Competition

DESTINATION OF TRAVEL: 800 W Katella Avenue Anaheim, California 92802

DATES OF TRAVEL: February 22-25, 2018

ACADEMIC BENEFITS TO STUDENTS: Students will participate in a two-day cheer competition at the national level in their category. This will increase their skill and dedication to the sport.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Rental Vans-Enterprise Rentals (3 mini vans - \$55.99 day/ + taxes).

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>\$2100.00</u> | <u>850/526-00-620-3400-281-6892</u> |
| Transportation | <u>\$773.76</u> | <u>850/526-00-620-3400-281-6519</u> |
| Meals | <u>\$0.00</u> | <u>Self paid - Students & Chaperones</u> |
| Lodging | <u>\$2508.54</u> | <u>850/526-00-620-3400-281-6892</u> |
| Substitutes | <u>\$0.00</u> | _____ |

TOTAL

\$5382.30

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

HOW ARE CHAPERONE EXPENSES PAID? Club and personal funds.

COST TO EACH STUDENT \$ 280.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Fundraising opportunities have been offered throughout the school year. Tax credit money has been donated.

FUNDING SOURCE(S): Various fundraisers all year.

FUNDRAISING ACTIVITIES PLANNED (If applicable):
Contests, youth clinic, percentage nights, tax credit donations, and popcorn sales.

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

SUBMITTED BY:

Julie Ramsey
Signature

1/11/18

Date

APPROVED BY:

Glenda Haffa
Principal/Supervisor

1/26/18

Date

Doni Nelson
Associate Superintendent/Superintendent

1/31/18

Date

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ORIGINAL SUBMISSION

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SCHOOL: IRHS

ESTIMATED NUMBER OF STUDENTS: 6

NAME OF SCHOOL GROUP/CLUB/ENTITY: Key Club

STAFF ADVISOR(S)/CHAPERONES: Marty Wenzel/Ken George

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Spirit of America Youth Leadership Program, the mission is to educate and inspire an awareness of the principles upon which the U.S. was founded and the responsibilities of citizens in a free society.

DESTINATION OF TRAVEL: Valley Forge, PA

DATES OF TRAVEL: April 5-8, 2018

ACADEMIC BENEFITS TO STUDENTS: We will instill first-hand knowledge and experience with respect to our national heritage and ideals. Students will gain a better understanding of their rights and responsibilities as citizens through leadership workshops, mock congressional debates/competitions, a free enterprise challenge and historical tours.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other airplane

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>\$1500.00</u> | <u>526-00-100-1001-280-6892</u> |
| | _____ | _____ |
| Transportation | <u>Provided</u> | _____ |
| | _____ | _____ |
| Meals | <u>Provided</u> | _____ |
| | _____ | _____ |
| Lodging | <u>Provided</u> | _____ |
| | _____ | _____ |

Substitutes

\$220.00

526-00-100-1001-280-6113

TOTAL

\$1720.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **No**

IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? through donations or self pay

COST TO EACH STUDENT \$ **\$250**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? If students can not afford the expenses or do not have anyone to sponsor them, there are scholarships available through the Freedoms Foundation-Tucson

FUNDING SOURCE(S): Tax credit, student's families and Freedoms Foundation-Tucson

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY: _____

Signature

1-18-18

Date

APPROVED BY: _____

Principal/Supervisor

1/18/18
Date

Associate Superintendent/Superintendent

Associate Superintendent/Superintendent

1/31/18
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): Anthony Young

SCHOOL: Facilities

Ray Robles

Department (opt.): Bonds/FSS

DATE(S): 2/15/18

ACTIVITY/EVENT: Power Conditioning Training

LOCATION: Aurora, Colorado

ABSENCE: # Days 1 Sub Required: ☐ Yes ☒ No # of School Days Missed 1

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

| <u>APPROXIMATE COST</u> | <u>BUDGET CODE/DESCRIPTION</u> |
|----------------------------|---|
| Registration _____ | _____ |
| Transportation <u>\$40</u> | Mode <u>Airpt Parking</u> <u>001 00 100 2579 527 6582</u> |
| Rental Car _____ | _____ |
| Meals <u>\$40</u> | <u>001 00 100 2579 527 6582</u> |
| Lodging _____ | _____ |
| Substitutes _____ | _____ |
| TOTAL <u>\$80</u> | |

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

Purpose of travel: Power Conditioning Training

Outcomes and academic benefits to students and staff: Energy Savings

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

Submitted by: _____

Signature

1/18/18

Date

Principal/Supervisor

1/23/18

Date

Associate Superintendent/Supintendent

1/31/18

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): Annette Orelup Amy Inbody-Klein SCHOOL: Keeling
Capella Hauer, Tanya Vasquez Melissa Hatt, Kim McDole Department (opt.): _____
Amy Wilson, Mario Cardenas _____ DATE(S): March 28-March 31, 2018

ACTIVITY/EVENT: Association for Positive Behavior Support (APBS) 15th International Conference

LOCATION: San Diego, California

ABSENCE: # Days 4 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>\$2,640.00</u> | <u>100 18 100 2210/2579 109 6360</u> |
| Transportation | <u>\$3,200.00</u> Mode <u>Airplane</u> | <u>100 18 100 2210/2579 109 6582</u> |
| Rental Car | _____ | _____ |
| Meals | <u>\$1,482.00</u> | <u>100 18 102 2210/2579 109 6582</u> |
| Lodging | <u>\$3,600.00</u> | <u>100 18 102 2210/2579 109 6582</u> |
| Substitutes | <u>\$1,320.00</u> | <u>100 18 102 2210/2579 109 6113</u> |
| TOTAL | <u>\$12,242.00</u> | |

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

Purpose of travel: To attend the Association for Positive Behavior Support 15th International Conference in San Diego, California

Outcomes and academic benefits to students and staff: Our core PBIS team will learn new strategies and organizational tools which will help us to more effectively implement PBIS at Keeling. Our team will also have time to plan our initial kick off which will take place in August of 2018.

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

Submitted by: _____

Signature

Date

Principal/Supervisor

Date

Associate Superintendent/Supintendent

Date

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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): Amanda Pellman Jill Christman SCHOOL: District Offices
Robyn Yewell Kelly Smith Department (opt.): La Cima, CDO, Don., IA
____ DATE(S): March 14-18, 2018

ACTIVITY/EVENT: National Science Teachers Association (NSTA) National Conference

LOCATION: Atlanta, GA

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>\$1,500.00</u> | <u>140-18-100-2210-515-6360</u> |
| Transportation | <u>\$3,500.00</u> Mode <u>air/taxi</u> | <u>140-18-100-2210-515-6582</u> |
| Rental Car | _____ | _____ |
| Meals | <u>\$1,032.00</u> | <u>140-18-100-2210-515-6582</u> |
| Lodging | <u>\$1,100.00</u> | <u>140-18-100-2210-515-6582</u> |
| Substitutes | <u>\$1,320.00</u> | <u>140-18-100-2210-515-6113</u> |
| TOTAL | <u>\$8,452.00</u> | |

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

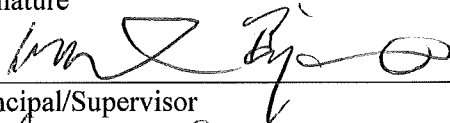
Purpose of travel: This is an opportunity to collaborate with science education leaders and peers and to learn the latest in science content, teaching strategies, and research to enhance professional growth.

Outcomes and academic benefits to students and staff: Share what is learned with other science teachers in the District in order to better serve our students.

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

Submitted by:

Signature



Principal/Supervisor



Associate Superintendent/Supintendent

Date

1/30/18

Date

1/31/18

Date