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>Dust</u>	<u>in Peace, Tommy Steele, Tony Jacob</u>	sen, Jerry Necoechea, Adam Rossi, Andy Bayse, Jody
Bayse, Jeff Kane, Eric B	Rossi, Rick Werbylo, Phil Garcia, and	Rick Berkbigler SCHOOL: CDO
		Department (opt.): <u>N/A</u>
		DATE(S): 3-10 to 3-12, 2011
ACTIVITY/EVENT: SD:	SU Coaching Clinic	•
LOCATION: San Die		
Doctificiti. Shir Die	<u>cor on</u>	
ABSENCE: # Days	1 Sub Required: ☐Yes ☒No	# of School Days Missed 1
EXPENSES REQUESTE	D: (OBTAIN RECEIPTS FOR ALL I	NCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	\$40 per coach = 480 max	850-00-100-3400-282-6360
Transportation Mode <u>own car</u>	264 (gas) (600 miles round trip X 1 e 850-00-100-3400-282-6582	car X (.44 pe
Rental Car	<u>N/A</u>	
Meals	<u>N/A</u>	
Lodging	700 hotel (2 rooms)	850-00-100-3400-282-6582
Substitutes		
TOTAL	1444	
The District will [(or)	will not ⊠ receive reimbursement fr	om outside sources.
Purpose of travel: Explo	re new techniques in the game of foot	ball.
Outcomes and academic l	penefits to students and staff: Explore	new techniques in the game of football.
Submitted by:	217h	<u>2-2</u> 3-11 Date
Principa	NSupervisor	Date
	Fatrick Welson	3-1-11
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: <u>CDO</u>				
ESTIMATED NUMB	ER OF STUDENTS: 9			
NAME OF SCHOOL GROUP/CLUB/ENTITY: Academic Decathlon				
STAFF ADVISOR(S)/CHAPERONES: Chris Yetman and Rick Werbylo				
ABSENCE: # Days 5	Sub Required: ⊠ Yes [□ No #	of School Days Missed <u>5</u>	
ACTIVITY / EVENT / PURPOSE OF TRAVEL: Academic Decathlon National Finals				
DESTINATION OF T	RAVEL: Charlotte, NC			
DATES OF TRAVEL: April 24 - May 1, 2011 ACADEMIC BENEFITS TO STUDENTS: National Academic Competition				
PROPOSED METHOL District-owned vel Transportation approva Other Commercial	al:			
Are expenses paid from any of the following accounts? Auxiliary Tax Credits XX Club Funds XX Parent Organization XX				
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)				
	APPROX. COST		BUDGET CODE	
Registration	<u>\$0</u>		Paid by AZ Academic Decathlon	
Transportation	<u>\$0</u>		Paid by AZ Academic Decathlor	
Meals	<u>\$3000</u>		850/526-00-100-3400-282-6892	
Lodging	<u>\$1000</u>		850/526-00-100-3400-282-6892	
Substitutes	<u>\$750</u>		850/526-00-100-3400-282-6113	

TOTAL

<u>\$4750</u>

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No if so, source & amounts: N/A

HOW ARE CHAPERONE EXPENSES PAID? Tax Credit and Club Funds

COST TO EACH STUDENT \$ 100 (Spending Money)

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Tax Credits and Club Funds**

FUNDING SOURCE(S): Tax Credit and Club Funds

FUNDRAISING ACTIVITIES PLANNED (If applicable): **N/A**

SUBMITTED BY: _	Clu Utt	2/9/11 Date
APPROVED BY: _	Principal/Supervisor	2/9/11 Date
_	Patrick reloon	3-1-11
	Associate Superintendent/Superintendent	Date