

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: Wilson K-8

ESTIMATED NUMBER OF STUDENTS: 4

NAME OF SCHOOL GROUP/CLUB/ENTITY: History Club

STAFF ADVISOR(S)/CHAPERONES: Anne Held, Julie Eldridge, and Bella DeSouza

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: National History Bee Individual Competition

DESTINATION OF TRAVEL: Atlanta, GA

DATES OF TRAVEL: May 30 - June 2, 2013

ACADEMIC BENEFITS TO STUDENTS: _____

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval:

Other air

Are expenses paid from any of the following accounts? Auxiliary _ Tax Credits Yes Club Funds
Parent Organization

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$460.00</u>	<u>526-00-100-1001-168-6892</u>
Transportation	<u>\$990.00</u>	<u>526-00-100-1001-168-6519</u>
Meals	-	_____
Lodging	-	_____
Substitutes	-	_____
TOTAL	<u>\$1,450.00</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? self paid

COST TO EACH STUDENT \$ meals and lodging

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

FUNDING SOURCE(S): Tax Credit donations

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: _____
Signature

Date

APPROVED BY: _____
Principal/Supervisor

Date

Man Dela
Associate Superintendent/Superintendent

5/13/13
Date