



**GOVERNING BOARD AGENDA ITEM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: **May 24, 2022**

TITLE: **Approval of Out of State Travel**

BACKGROUND:

STAFF

Lauren Grusenmeyer requests permission to attend American Speech Language Hearing Association Convention in New Orleans, Louisiana on November 16-18, 2022. Travel costs will be paid by employee. Three school days will be missed. No substitutes are required.

STUDENTS

Sandra Walden requests permission to take 2 Canyon del Oro students to HOSA International Leadership Conference in Nashville, Tennessee on June 21-26, 2022. Approximate cost of travel is \$7,006.86 and will be paid using CTE, student activities, and tax credit funds. No school days will be missed. No substitutes are required.

Josh Ronstadt requests permission to take 1 Canyon del Oro student to SkillsUSA Nationals Competition in Atlanta, Georgia on June 19-25, 2022. Approximate cost of travel is \$5,992.00 and will be paid using CTE, student activities, and tax credit funds. No school days will be missed. No substitutes are required.

BUDGET CODE KEY		
260.22.362.2190.6892.282.0000	CTE	Other Student Support Services, Registration, CDO
850.00.610.2910.6892.282.0000	Student Activities	Other Student Support Services, Student Travel, CDO
526.00.410.2790.6519.282.0000	Tax Credit	Student Transportation, Student Travel, CDO
260.22.362.2190.6582.282.0000	CTE	Other Student Support Services, Staff Travel, CDO

RECOMMENDATION:

It is the recommendation of the administration that the above travel be approved.

INITIATED BY:

Matthew Munger
Associate Superintendent for Secondary Education

Date: May 20, 2022

Todd A. Jaeger, J.D., 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): Lauren Grusenmeyer _____

SCHOOL: Rillito
 Department (opt.): _____
 DATE(S): 11/16/2022-11/18/2022

ACTIVITY/EVENT: American Speech Language Hearing Association Convention

LOCATION: New Orleans, LA

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>Covered by program</u>	_____
Transportation	<u>Personally Covering</u> Mode <u>air</u>	_____
Rental Car	<u>NA</u> _____	
Meals	<u>NA</u> _____	
Lodging	<u>Personally Covering</u>	_____
Substitutes	<u>NA</u> _____	
TOTAL	<u>0</u>	

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

Purpose of travel: I was accepted into an early professionals program through ASHA where I have monthly virtual calls with a variety of speakers. Part of the program is attending the national conferences for speech and hearing professionals.

Outcomes and academic benefits to students and staff: To gain recent information on audiology for a school based application and up to date research from national providers and researchers. To gain opprotunities to join educational specific audiology groups. This will help gain resources that can be used in the future. Additionally, attending the conference I will be able to officially finish out the program the year program I have joined to gain more information about the field.

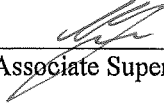
The travel is necessary for the implementation of the project funding the travel.

Submitted by: Lauren Grusenmeyer
 Signature

4/18/22
 Date

[Signature]
 Principal/Supervisor

4/18/22
 Date


Associate Superintendent/Superintendent

4/15/20
Date

rev. 8/25/17

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: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: CDO Sports Medicine HOSA

STAFF ADVISOR(S)/CHAPERONES: Sandy Walden

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

ACTIVITY / EVENT / PURPOSE OF TRAVEL: HOSA International Leadership Conference

DESTINATION OF TRAVEL: Gaylord Opryland Resort and Convention Center, 2800 Opryland Dr. Nashville, TN. 37214

DATES OF TRAVEL: 06/21/22-6/26/2022

ACADEMIC BENEFITS TO STUDENTS: Students competing in CTSO related to Sports Medicine class. Applying material learned in a competitive environment.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **Flight**

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>\$110.00</u>	<u>260.22.362.2190.6892.282.0000</u>
	<u>\$220.00</u>	<u>850.00.610.2910.6892.282.0000</u>
Transportation	<u>\$1,338.00</u>	<u>260.22.362.2190.6582.282.0000</u>
	<u>\$2,555.00</u>	<u>850.00.410.2790.6892.282.0000/526.00.410.2790.6519.282.0000</u>
Meals	<u>\$408.00</u>	<u>260.22.362.2190.6582.282.0000</u>
	<u>\$400.00</u>	<u>850.00.610.2910.6892.282.0000</u>
Lodging	<u>\$1,686.05</u>	<u>260.22.362.2190.6582.282.0000</u>
	<u>\$289.81</u>	<u>850.00.610.2910.6892.282.0000</u>

Substitutes

N/A

TOTAL

\$7,006.86

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

HOW ARE CHAPERONE EXPENSES PAID? **CTE**

COST TO EACH STUDENT \$ **200/meals**

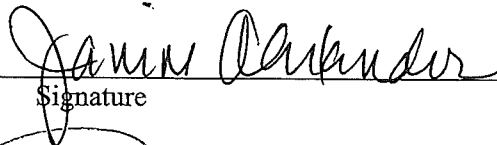
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? _____

FUNDING SOURCE(S): **club funds, tax credit, CTE**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
1st aid kit sales, Mod Pizza night

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

SUBMITTED BY: _____


Signature

5/11/22
Date

APPROVED BY: _____


Principal/Supervisor

5/11/22
Date

Associate Superintendent/Superintendent

5/11/22
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: **CDO**

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: **SkillsUSA Construction**

STAFF ADVISOR(S)/CHAPERONES: **Josh Ronstadt**

ABSENCE: # Days 7 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **SkillsUSA Nationals Competition**

DESTINATION OF TRAVEL: **Hilton Atlanta, 255 Courtland Street NE
Atlanta, GA 30303,**

DATES OF TRAVEL: **6/19/22-6/25/22**

ACADEMIC BENEFITS TO STUDENTS: **Student will use his knowledge and skills to compete against students from around the country.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **Airline Flights**

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
	<u>\$400.00</u>	<u>260.22.318.2190.6892.282.0000</u>
Registration	<u>\$400.00</u>	<u>850.00.610.2190.6892.282.0000</u>
	<u>\$1,000.00</u>	<u>260.22.318.2190.6582.282.0000</u>
Transportation	<u>\$1,000.00</u>	<u>526.00.410.2790.6519.282.0000</u>
	<u>\$364.00</u>	<u>260.22.318.2190.6582.282.0000</u>
Meals	<u>\$200.00</u>	<u>850.00.610.2190.6892.282.0000</u>
	<u>\$1,314.00</u>	<u>260.22.318.2190.6582.282.0000</u>
Lodging	<u>\$1,314.00</u>	<u>526.00.610.2190.6892.282.0000</u>
Substitutes	<u>N/A</u>	_____

TOTAL

\$5,992.00

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

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ approx. \$2500

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

FUNDING SOURCE(S): _____

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY: Janine Alexander 5/11/22
Signature Date

APPROVED BY: [Signature] 5/11/22
Principal/Supervisor Date

[Signature] 5/11/22
Associate Superintendent/Superintendent Date