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): | Michael Bejarano | ano SCHOOL: District Offices | | | | |
|---|--|--------------------------------------|--|--|--|--|
| | | | Department (opt.): | | | |
| | | DATE(S): October 1 - October 3, 2012 | | | | |
| ACTIVITY/EVEN | T: NFHS (National Fede | ration of State High S | chool Associations) Coaches Education Committee | | | |
| LOCATION: $\underline{1}$ | ndianapolis, IN | | | | | |
| ABSENCE: | # Days 3 Sub Required: | Yes No | # of School Days Missed 3 | | | |
| EXPENSES REQ | UESTED: (OB ΓAIN REC | EIPTS FOR ALL INC | URRED EXPENSES) | | | |
| | APPROXIM | ATE COST | BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds an require a budget code.) | | | |
| Registratio | on | | All Expenses paid by NFHS | | | |
| Transport | ation | Mode <u>Air</u> | NFHS | | | |
| Rental Ca | r | | | | | |
| Meals | | | <u>NFHS</u> | | | |
| Lodging | | | <u>NFHS</u> | | | |
| Substitute | s | | | | | |
| TOTAL | Management of the Control of the Con | | | | | |
| Fhe District will | ☐ (or) will not 🗵 receiv | e reimbursement from | outside sources. | | | |
| Purpose of travel: | Attend NFHS Committee | e Meeting | | | | |
| | demic benefits to students a | • | se of the committee is to develop continued | | | |
| Submitted by: $\frac{1}{\overline{Si}}$ | Mun E | y O | 9-7-12 Date | | | |
| | incipal/Supervisor The Lele ssociate Superintendent/Su | perintendent | Date 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): | Monica Nelson | Mike Bejarano | SCHOOL: | District Offices |
|--------------------|---|--|------------|--|
| | Roseanne Lopez | - | Departm | nent (opt.): School Operations |
| | - | | DATE(S): | October 2-5, 2012 |
| | | | | |
| ACTIVITY/EVEN | T: EdLeader21 Sec | cond Annual Event | | |
| LOCATION: <u>D</u> | Denver, CO | | | |
| ABSENCE: # | # Days <u>3</u> Sub Re | equired: Yes No | # of | School Days Missed |
| EXPENSES REQU | UESTED: (OBTAIN | N RECEIPTS FOR ALL IN | NCURRED I | EXPENSES) |
| | <u>APPR</u> | OXIMATE COST | | BUDGET CODE/DESCRIPTION te: Tax credit contributions are District funds and tire a budget code.) |
| Registration | on <u>\$1,000.00</u> | | 140 | <u>-13-100-2210-510-6360</u> |
| Transport | sation \$1,600.00 | Mode <u>air/taxi</u> | <u>140</u> | <u>-13-100-2210-510-6582</u> |
| Rental Car | s \$350.00 | | <u>140</u> | -13-100-2210-510-6582 |
| Meals | <u>\$484.00</u> | | <u>140</u> | -13-100-2210-510-6582 |
| Lodging | <u>\$1,950.00</u> | | <u>140</u> | <u>-13-100-2210-510-6582</u> |
| Substitutes | s | | | |
| ГОТАL | \$5,384.00 | | | |
| | | receive reimbursement front the 21st century initiat | | |
| Outcomes and aca | demic benefits to stu | idents and staff: | | |
| Submitted by: Si | gnature | belem | | <u>4/12</u> e |
| | rincipal/Supervisó) - Tatt ssociate Superintend | with Wland ent/Superintendent | Dat | 5-12 |

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 NUMBE | R OF STUDENTS: 21 | |
|--|--|--|
| NAME OF SCHOOL G | ROUP/CLUB/ENTITY: The Gallery C | lub/Photo Imaging III |
| STAFF ADVISOR(S)/C | THAPERONES: Lee Street, Linda Dal | <u>e</u> |
| ABSENCE: # Days 5 | Sub Required: ⊠ Yes ☐ No # | of School Days Missed 4 |
| ACTIVITY / EVENT / | PURPOSE OF TRAVEL: Photoshop W | forld Conference |
| DESTINATION OF TR | AVEL: <u>Las Vegas, Nevada</u> | |
| ACADEMIC BENEFT renowned profess | ional photographers, photograp | |
| community, and pho | tography and Photoshop classes a | <u>nd training.</u> |
| PROPOSED METHOD ☐ District-owned vehi Transportation approval ☑ Other <u>Airline</u> | | |
| Are expenses paid from Parent Organization yes | any of the following accounts? Auxiliary | Tax Credits <u>yes</u> Club Funds <u>yes</u> |
| EXPENSES I | REQUESTED: (OBTAIN RECEIPTS I | FOR ALL INCURRED EXPENSES) |
| Registration | APPROX. COST \$298.00 \$2,825.00 | BUDGET CODE 596-83-270-2190-282-6360 526/850-00-100-3400-282-6892 |
| Transportation | \$500 <u>\$4,500.00</u> | 596-83-270-2190-282-6582 526/850-00-100-3400-282-6892 |
| Meals | \$264.00 | Students pay for own meals 596-83-270-2190-282-6582 |
| Lodging | \$1,950.00 \$1,050.00 | 596-83-270-2190-282-6582 526/850-00-100-3400-282-6892 596-83-270-2190-282-6113 |
| Substitutes | \$225.00 | <u>526/850-00-100-3400-282-6113</u> |
| TOTAL | <u>\$11,612.00</u> | |

| WILL THE DISTRICT I | RECEIVE REIMBURSEMENT? OUNTS: | ' <u>no</u> | |
|---------------------|---|-------------|--------|
| HOW ARE CHAPERON | NE EXPENSES PAID? | | |
| COST TO EACH STUD | DENT \$ \$300.00 + meals | | |
| | I. MADE AVAILABLE TO AL Organization Scholarships, Pla | | • |
| FUNDING SOURCE(S) | : | | |
| | TITIES PLANNED (If applicable t and gift shop items sold) |): | |
| | | | |
| | | | |
| SUBMITTED BY: | Signature | | ate |
| APPROVED BY: | Principal/Supervisor | 7/ | 23/12. |
| | Associate Superintendent/Superin | <u> </u> | 16//> |