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: Rio V	<u> Vista</u>						
ESTIMATED NU	JMBER OF STUDENTS: 6						
NAME OF SCHO	NAME OF SCHOOL GROUP/CLUB/ENTITY: Odyssey of the Mind Team						
STAFF ADVISO Michelle Flanag	R(S)/CHAPERONES: <u>Stephar</u> gan, Kelly Ann Brown, Marce	nie Quimby-Greene, Natalilla Acuna, Tonya Astorga, ella Peru, Linda Paredes					
ABSENCE: # Day	ys 4 Sub Required: Yes	No # of School Days Missed 3					
ACTIVITY / EVE	ENT / PURPOSE OF TRAVEL: C	Odyssey of the Mind World Finals					
DESTINATION (OF TRAVEL: Lansing, Michiga	an-Michigan State University					
ACADEMIC BEN	VEL: <u>5/21/13 - 5/26/13</u> NEFITS TO STUDENTS: <u>Prob</u> Students from all over the wo	lem solving, 21 st Century Skills, experience a college orld.					
District-owned Transportation app							
Are expenses paid Parent Organization	from any of the following account \underline{X}	nts? Auxiliary X Tax Credits X Club Funds					
EXPEN	SES REQUESTED: (OBTAIN	RECEIPTS FOR ALL INCURRED EXPENSES)					
	APPROX. COST	BUDGET CODE					
Registration	on <u>7215.00</u>	530.00.100.1001.117.6892					
Transporta	tion <u>7317.80</u>	530.00.100.1001.117.6519					
Meals	included						
Lodging	included						
Substitutes							

WILL THE DISTR IF SO, SOURCE &	ICT RECEIVE REIMBURSEMENT? <u>no</u> AMOUNTS:	
HOW ARE CHAPI	ERONE EXPENSES PAID? gifts and donations	
COST TO EACH shared costs include	STUDENT \$ <u>1055.00 for registration, housing, meale</u> \$500 shipping costs and \$800 trip expenses. These a	als and transportation. Additional re not shown in the list above.
HOW IS THIS TR PROVISIONS)? Remade (some receive	AVEL MADE AVAILABLE TO ALL ELIGIBLE STU equests for donations from local businesses, Tax Cre ed).	DENTS (LOW FAMILY INCOME dit donations and FTO have been
FUNDING SOURCE	CE(S): <u>Tax Credit funds designated for OM, Ampons from local businesses</u>	ohi Foundation, District Funds,
FUNDRAISING AG business donation	CTIVITIES PLANNED (If applicable): ons, car wash, bake sale, balloon animal sale, rafi	fle, etc.
SUBMITTED BY: _	g:	**************************************
	Signature	Date
APPROVED BY:	Principal/Supervisor	<u>4-26-13</u> Date
-	Associate Superintendent/Superintendent	4/3/13
	- sparmanann oupermiendelit	Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

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ORIGINAL SUBMISSION

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SCHOOL: Painted Sky							
ESTIMATED NUMBER OF STUDENTS: 7							
NAME C	NAME OF SCHOOL GROUP/CLUB/ENTITY: Odyssey of the Mind						
STAFF A	ADVISOR(S)/CH	IAPERONES: B	<u>ʻiann</u>	ne Ronnie, R	<u>ebecca</u>	Ford, Toby Ford,	
ABSENC	BSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 1						
ACTIVIT	ΓΥ / EVENT / PU	JRPOSE OF TRA	VEL	.: Odyssey o	f the Mi	ind 2013	
DESTINA	ATION OF TRA	VEL: <u>Michigan S</u>	<u>State</u>	University, L	ansing,	MI	
	OF TRAVEL: M: MIC BENEFITS		<u>Hic</u>	gher order o	f thinkir	ng and creativity	
Distri Γransport	ED METHOD O ict-owned vehicle tation approval: A Car rental		ATIO	N:			
Are expenses paid from any of the following accounts? Auxiliary Yes Tax Credits Yes Club Funds Yes Parent Organization Yes							
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)							
		APPROX.	COST	Τ		BUDGET CODE	
R	egistration	<u>5182.00</u>				525/526/850-00-100-1001-114-6892	
Т	ransportation	<u>5718.00</u>				530-00-100-3400-114-6519	
\mathbf{N}	Meals	<u>included</u>					
L	odging	included				Recognition of the collection	
S	ubstitutes	100.00				530-00-100-1001-114-6113	
Т	OTAL	11,000.00					

COST TO EACH STU	JDENT \$ \$1,100.00	
	VEL MADE AVAILABLE TO ALL ELIGIBLE STU iting donations from various sources and Tax Cred	`
FUNDING SOURCE Click, etc.), PTO, St	(S): Fundraising efforts (Trader Joe's, Amgudent Council donation, ,Tax Credit donations	ohi Foundation, Raytheon, Jim
We will be asking T Fling in May, We p portion of the prof	IVITIES PLANNED (If applicable): rader Joe's for donations of water, soda and blan to ask local restaurants to sponsor an 'its. We plan to sell "fundraising cards" which are having a fundraiser selling pasta.	'OM night" with us receiving a
SUBMITTED BY:	Signature Round	0 4 26/13
APPROVED BY:	Principal/Supervisor	4/26/13 Date

Associate Superintendent/Superintendent

HOW ARE CHAPERONE EXPENSES PAID? <u>Tax Credit donations</u>, <u>PTO</u>, <u>Student Council donations</u>

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No

IF SO, SOURCE & AMOUNTS: _____

and fundraising

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):	David	Martinez		SCHOOL:	District Offices
		4494006444454040000000		Departn	nent (opt.): Interscholastics
				DATE(S):	June 4,5,6, 2013
ACTIVITY/EVE	NT: Athlet	ic Equipment Man	agers Association	on Annual (Convention_
LOCATION: 1	Las Vegas,	, NV			
ABSENCE:	# Days <u>3</u>	Sub Required:]Yes ⊠No	# of	f School Days Missed <u>N/A</u>
EXPENSES REQ	UESTED:	(OBTAIN RECEIF	TS FOR ALL I	NCURRED 1	EXPENSES)
		<u>APPROXIMAT</u>	E COST		BUDGET CODE/DESCRIPTION te: Tax credit contributions are District funds and aire a budget code.)
Registrati	on <u>17</u>	<u>75.00</u>		001	.00.620.2579.512.6360
Transpor	tation <u>Se</u>	elf-pay	Mode		·
Rental Ca	r	nagonara, com		· Continue of Cont	·
Meals	<u>Se</u>	elf-pay		Barrier of Spirit Control	
Lodging	<u>Se</u>	elf-pay		Kanamunoonad	
Substitute	S			evolumententom	
TOTAL	<u>17</u>	<u>75.00</u>			
The District will	☐ (or) wi	Il not 🗵 receive re	eimbursement fro	om outside s	ources.
Purpose of travel:	Attend th	ne conference and l	earn about new	athletic equ	uipment and safety standards.
Outcomes and aca	demic ben	efits to students and	staff: Will be	up to date o	n current safety standards and equipment.
Submitted by: Si	ignature (JM A		<u>4/19</u> Dat	<mark>9/13</mark> e
	Jany	CPL	LU.		9/13
PĮ	fincipal/Su	pervisor		Dat	e 93/13
\overline{A}	ssociate Su	uperintendent/Super	intendent	Bat	e

AMPETTHEATER PUBLIC SCHOOLS STAFF TRAVEL/CONFERENCE REQUEST

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.J.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(, <u>page</u>	esa Stînson v Wilson		De	OOL: <u>Keeling</u>		
	gor notice reconstruction w			DATI	3(S): <u>Fuly 8-11, 20</u>	113	
ACTIVITY/E	VENT: <u>Tea</u> <u>Charlott</u>	ching with Pov ie, NC	erty in Mind				
ABSENCE:	# Days 4	Sub Requir	red: [Yes No		# of School Days	Missed 0	
EXPENSES R	EQUESTE	D: (OBTAIN R	ECEIPTS FOR ALL	INCURR	ED EXPENSES)		
		APPROX	IMATE COST		BUDGET (Note: Tax credit or require a budget con		
Regist	ration ;	<u>1150.00</u>			100 13 100 2210	109 6360	
Trans	portation	1200.00	Mode <u>Plame</u>		100 13 100 2210	109 6582	
Rental	Car j	150.00			100 13 100 2210	109 6582	
Meals	4	450.00			100 13 100 2210	109 6582	
Lodgir	ıg j	1000.00			100 13 100 2210	109 6582	
Substit	Tutes	and the state of t			63GSPyllokomokopppa		
TOTA	AL 3	<u>9950.00</u>	,				
The District wi	11	vill mot XI rece	sive reimbursement fi	Passa Arresi	de salietae		
Ригроse of trav			SOLA DE MAINTING ART MATERIAL TO THE	· • • • • • • • • • • • • • • • • • • •			
Outcomes and a	academic be	nefits to student 1 low SES meie	s and staff: This tra hborhoods, Keeling eachers at Keeling i	has clos	e to 100% free am	d reduced lunc	h. This
challenging eco	onomic envi	ronment (Par	ticipating teachers a	re plann	ing to present all	conference info	rmetion to
Keeling's certi	iled staff.						
Submitted by:	Signature			· ·	<u>41-13</u>		
		7C82	Company of the second of the s		412-13	· · · · · · · · · · · · · · · · · · ·	
	Principal/Su	ipervisor		3	Date		
	Associate Si	uperintendent/S	uperintendent	animonomy and the state of the	4/3//3 Date		

AMPHITHEATER PUBLIC SCHOOLS STAFF TRAVEL/CONFERENCE REQUEST

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EMPLOYEE(S):	Kelly Palmour Laura Tanem	Phi Pham Gina Stickle	SCHOOL: Prince Department (opt.): DATE(S): July 14-17, 2013		
	T: <u>AVID Summer</u> an Antonio, TX	· <u>Institute</u>			
ABSENCE: #	# Days 4 Sub R	equired: Yes No	# of School Days Missed 0		
EXPENSES REQU	UESTED: (OBTA	N RECEIPTS FOR ALL	INCURRED EXPENSES)		
	<u>APP</u>	ROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)		
Registratio	on \$2956.00		100-13-100-2210-111-6360		
Transpor	tation \$2250.00	Mode <u>Air</u>	100-13-100-2210-111-6582		
Rental Ca	r <u>N/A</u>		<u>N/A</u>		
Meals	<u>1308.00</u>		100-13-100-2210-111-6582		
Lodging	<u>\$1,600.00</u>		100-13-100-2210-111-6582		
Substitute	es				
TOTAL	<u>\$8,114.00</u>				
		receive reimbursement			
Purpose of travel: the implementation content area teach	ion of the progran	nent Via Individual Detenation of the neutral neur site. This will in	ermination) training of our AVID Site Team to support sclude the Site Coordinator, AVID Elective teachers, and		
site team will exp	olore data to const	ruct an action plan for students (minority and :	ners will learn effective instructional practices and our effective implementation at our site. Tthe AVID average achievers), provides quality staff development chool success, and address how to grant equitable access		
to rigorous curri	icula for all studer	ts.	AA O O A O O O O O O O O O O O O O O O		
	Signature		420B 420B		
_	Principal/Superviso	ndent/Superintendent	Date Date Date		