

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: Prince

ESTIMATED NUMBER OF STUDENTS: 7

NAME OF SCHOOL GROUP/CLUB/ENTITY: Prince Odyssey of the Mind

STAFF ADVISOR(S)/CHAPERONES: Leigh Kechely, Kristin Prinz, Sabina Prijic

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 3

ACTIVITY / EVENT / PURPOSE OF TRAVEL: World Finals Odyssey Tournament

DESTINATION OF TRAVEL: Michigan State University -Lansing, Michigan

DATES OF TRAVEL: May 19-24, 2015

ACADEMIC BENEFITS TO STUDENTS: Students will participate on a global level in creative problem solving competition which meets AZ, 21st Century and NAGC standards.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Airlines and Rental Car

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>\$5,550</u>	<u>850-00-100-1001-111-6892</u>
Transportation	<u>\$6,500</u>	<u>850/526-00-100-1001-111-6519</u>
Meals	<u>\$500</u>	<u>850/526-00-100-1001-111-6892</u>
Lodging	<u>NA</u>	_____
Substitutes	<u>\$255</u>	<u>001-00-100-1001-111-6113</u>
TOTAL	<u>\$20,010</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? tax credit and club funds

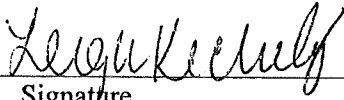
COST TO EACH STUDENT \$ 1,255

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? parent organization, community donations, fund raising

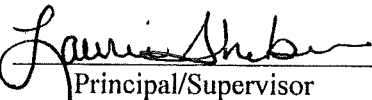
FUNDING SOURCE(S): REACH department, tax credits, fund raising

FUNDRAISING ACTIVITIES PLANNED (If applicable):

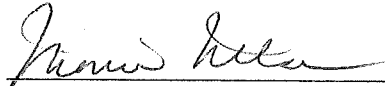
bake sales, snow cone sales, food/craft booth at school carnival, tax credit drive, writing request letters to businesses

SUBMITTED BY: 
Signature

3/30/15
Date

APPROVED BY: 
Principal/Supervisor

3/30/15
Date


Associate Superintendent/Superintendent

3/30/15
Date