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: CD	2					
ESTIMATED NUMBER OF STUDENTS: 9						
NAME OF SCHOOL GROUP/CLUB/ENTITY: Academic Decathlon						
STAFF ADVISOR(S)/CHAPERONES: Chris and Elethia Yetman						
ABSENCE: # D	BSENCE: # Days 8 Sub Required: Yes No # of School Days Missed 5					
ACTIVITY / E	ACTIVITY / EVENT / PURPOSE OF TRAVEL: National Academic Decathlon Finals					
DESTINATION	OF TRAVEL: G	arden Grove,	<u>CA</u>			
	AVEL: <u>April 12 -</u> ENEFITS TO STU		ademic Com	<u>petition</u>	<u>s</u>	
District-own	pproval: Pending		N:			
Are expenses parent Organiza		e following acco	ounts? Auxilia	ary	Tax Credits Yes Club Funds Yes	
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)						
	A	APPROX. COS	Γ		BUDGET CODE	
Registr	ition §	<u>\$700</u>			<u>526-00-100-1001-282-6892</u>	
Transpo	ortation <u>\$</u>	3000			850/526-00-100-1001-282-6515/6519)
Meals	<u>\$5</u>	<u>5680</u>			850/526-00-100-1001-282-6892	
Lodgin	ş \$6	6000			<u>850/526-00-100-1001-282-6892</u>	
Substit	ıtes <u>\$</u>	1000			850/526-00-100-1001-282-6113	
TOTA	\$16	<u>6380</u>				

WILL THE DISTRICT RECEIVE REIMBURSEMENT? Yes
IF SO, SOURCE & AMOUNTS: Arizona Academic Decathlon, \$2000

HOW ARE CHAPERONE EXPENSES PAID? Club funds, Tax Credit

COST TO EACH STUDENT \$ 500

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

FUNDING SOURCE(S): N/A

FUNDRAISING ACTIVITIES PLANNED (If applicable): **N/A**

SUBMITTED BY:

Signature

APPROVED BY:

Principal/Supervisor

Associate Superintendent/Superintendent

11/18/14

Date

1/18/14

Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

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SCHOOL: <u>La Cima</u>					
ESTIMATED NUMBER OF STUDENTS: 90					
NAME OF SCHOOL GROUP/CLUB/ENTITY: La Cima Middle School musicians					
STAFF ADVISOR(S)/CHA Laura Garner-Smith, Ch Vettore, Susana Valenzu	<u>ıris Easterling, Dee Easterling, Su</u>	Foreman, Mary Taft, Bonnie Keene, san Beyer, Mario Dorame, Theresa			
ABSENCE: # Days <u>3</u> Sub	Required: Yes No # of S	School Days Missed <u>1</u>			
ACTIVITY / EVENT / PUR	POSE OF TRAVEL: Forum Music Fes	<u>tival</u>			
DESTINATION OF TRAVI	EL: Fullerton and Anaheim, CA				
DATES OF TRAVEL: 04/23/15 10:00 p.m. to 04/25/15 8:00 a.m. ACADEMIC BENEFITS TO STUDENTS: National music festival experience permits students to better understand their progress and appropriate musical standards for their grade level. Students build teamwork, improve their musical skill and confidence. Students have the opportunity to hear other school ensembles. Each ensemble will be evaluated by a pair of adjudicators, basing their final assessment on national criteria and receiving a competitive rating from cumulative points.					
PROPOSED METHOD OF District-owned vehicles Transportation approval: Other Mountain View T					
Are expenses paid from any of the following accounts? Auxiliary \underline{x} Tax Credits \underline{x} Club Funds \underline{x} Parent Organization \underline{x}					
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)					
	APPROX. COST	BUDGET CODE			
Registration	<u>\$11,623</u>	<u>525-00-100-1001-165-6892</u> <u>526-00-100-1001-165-6892</u>			
Transportation	<u>\$7,700</u>	<u>525-00-100-1001-165-6519</u> <u>526-00-100-1001-165-6519</u>			

Meals			
Lodging		_	
Substitutes	<u>\$300</u>		25-00-100-1001-165-6113 26-00-100-1001-165-6113
TOTAL	<u>\$19,623.00</u>		
	ICT RECEIVÉ REIMBURSE	MENT? <u>No</u>	
IF SO, SOURCE &	AMOUNTS:		W [*]
HOW ARE CHAPE	ERONE EXPENSES PAID? S	<u>Gelf</u>	
COST TO EACH S'	TUDENT \$ 200.00		
TYOM TO THE ED	ATTOT MADE ATTAIT ANT T	TO ALL PLICIPLE OT	TIDENTE (LOW EANITY DICOME
PROVISIONS)? Fo	AVEL MADE AVAILABLE <mark>rum Festival Scholarshi</mark> p	s (15), Tax Credit Dona	UDENTS (LOW FAMILY INCOME ations
FUNDING SOURC	E(S): Tax Credit donation	ıs, student family cont	ributions & savings, fundraising
	CTIVITIES PLANNED (If ap ons, school dance booths, ar		
		1	
	LA. A.	Solo	11 1714
SUBMITTED BY: _	Signature	1 -7 -	Date
		1,10:va	11/17/14
APPROVED BY: _	Principal/Supervisor		Date
	hum holm		18/14
-	Associate Superintendent	/Superintendent	Date Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

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ORIGINAL SUBMISSION

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SCHOOL: Coronado K-8				
ESTIMATED NUMBER OF STUDENTS: 50				
NAME OF SCHOOL GR	OUP/CLUB/ENTI	ΓΥ: <u>National Jur</u>	nior Honor Society	
STAFF ADVISOR(S)/C Jennifer Cruce	HAPERONES: <u>G</u>	Glenda Arffa, G	erad Ball, Michelle	Goodman, Nicole Melin,
ABSENCE: # Days 3 S	ub Required: TY	es 🛭 No	# of School Days Mis	esed 0
	of National Junio	r Honor Society:	service, citizenship, c	ng academic achievement character, leadership and
DESTINATION OF TRA	VEL: <u>Anaheim, C</u>	<u> </u>		
DATES OF TRAVEL: <u>Fi</u> ACADEMIC BENEFITS and successful academic	TO STUDENTS:			n) ty based service program
PROPOSED METHOD (District-owned vehicl Transportation approval: Other Beeline-Charte	es	ΓΙΟΝ:		
Are expenses paid from a Parent Organization	-	accounts? Auxilia	ary Tax Credits _	Club Funds
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)				
	APPROX. C	OST	BUDGET CO	DDE
Registration	<u>\$5100.00</u>		850.00.100.1	001.115.6892
Transportation	<u>\$3000.00</u>		<u>850.00.100.1</u>	001.115.6519
Meals				
Lodoino	•			

Substitutes	
TOTAL	8100.00
WILL THE DISTRICT RI IF SO, SOURCE & AMO	ECEIVE REIMBURSEMENT? UNTS:
HOW ARE CHAPERONI	E EXPENSES PAID?
COST TO EACH STUDE	NT \$ \$170
	MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME rships are available through NJHS
FUNDING SOURCE(S):	Student fee
FUNDRAISING ACTIVI	TIES PLANNED (If applicable):
, w	2 / (/a M. Dan 111/

Associate Superintendent/Superintendent

APPROVED BY:

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): G	<u> Studer</u>	t Studer SCHOOL: CDO		
_			Department (opt.): Fine Arts	
_		DA	ATE(S): <u>12/16/14-12/19/14</u>	
		Orchestra Directors Clin	<u>ic</u>	
LOCATION: Med	Cormick Place, Chic	ago, Illinois		
ABSENCE: # D	ays 4 Sub Require	ed: ⊠Yes □No	# of School Days Missed 3	
EXPENSES REQUE	STED: (OBTAIN RE	CEIPTS FOR ALL INCU	RRED EXPENSES)	
	<u>APPROX</u>	MATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)	
Registration	<u>\$125.00</u>		Self Pay	
Transportati	on <u>\$350.00</u>	Mode airline	Self Pay	
Rental Car	<u>\$80.00</u>		Self Pay	
Meals	<u>\$236.00</u>		Self Pay	
Lodging	<u>\$270.00</u>		Self Pay	
Substitutes	<u>\$300.00</u>		<u>530-00-100-1001-282-6113</u>	
TOTAL	<u>\$1361.00</u>			
The District will	(or) will not 🛛 reco	eive reimbursement from o	outside sources.	
Purpose of travel: <u>St</u> <u>skills.</u>	aff will have the opp	ortunity to attend over 40	0 workshops to continually improve on teaching	
Outcomes and acader techniques, explore	nic benefits to studen new curriculum and	ts and staff: Attending the get ideas to continue to g	ne Midwest Clinic will help me learn new teaching grow and learn as an educator.	
Submitted by:	Hu		Total Date 18 5/18 Date	
Sign:	Du Du		_ 11/13/14	
Princ	eipal/Supervisor		Date 18/5/18	
Asso	ciate Superintendent/	Date Date		