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: <u>IRHS</u>			
ESTIMATED NUMBER	OF STUDENTS: 17		
NAME OF SCHOOL GR	OUP/CLUB/ENTITY:	Ironwood Ridge	A Cappella
STAFF ADVISOR(S)/CF	HAPERONES: AJ Lep	ore, Lori Lepore, S	andi Kinghorn, Kyle Taylor
ABSENCE: # Days <u>5</u> S	Sub Required: 🛛 Yes	□ No # of	School Days Missed 2
ACTIVITY / EVENT / P	URPOSE OF TRAVEL	: <u>A Cappella Choi</u>	r Tour
DESTINATION OF TRA			High School, Redondo High School, ia, Los Angeles, CA
schools enabling stuwitness and perform for see what the next performances and to application process. Cappella) where they spot on a prestigious PROPOSED METHOD ODISTRICT DISTRICT DISTRICT OWNED VEHICLE OTHER CHARTER BUS (METHOD OTHER BUS (M	TO STUDENTS: Students to work and for multiple college level of performance learn what steps to the students will be up against compilation album.  OF TRANSPORTATION es  Tountain View Tours)	share recommended a cappella gree looks like in he hey need to take will compete in high school progree.	ess and then perform with three high ndations with peers. They will also coups giving students the opportunity opes of inspiring excellence in future now in preparation for the college BOHSA 2019 (Best of High School A grams from around the country for a
Are expenses paid from an Parent Organization $\underline{X}$	y of the following accor	unts? Auxiliary	Tax Credits <u>X</u> Club Funds <u>X</u>
EXPENSES RE	QUESTED: (OBTAI	N RECEIPTS FOR	ALL INCURRED EXPENSES)
	APPROX, COST		BUDGET CODE
Registration			Parent Org
Transportation	<u>\$5,600.00</u>		<u>526/850-00-100-1001-280-6519</u>

 Meals
 :
 Self-paid

 Lodging
 \$5,500.00
 526/850-00-100-1001-280-6892

 Substitutes
 \$220.00
 530-00-100-3400-280-6113

 TOTAL
 \$11,320.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **N/A** IF SO, SOURCE & AMOUNTS:

HOW ARE CHAPERONE EXPENSES PAID? Chaperones to pay own expenses.

COST TO EACH STUDENT \$ 700

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Fundraisers will be held to offset cost. Scholarships will be provided when necessary to ensure that no student is kept from the trip due to finances.

FUNDING SOURCE(S): Choir Club Account, Choir Tax Credit Account, Choir Booster Club

FUNDRAISING ACTIVITIES PLANNED (If applicable):

<u>UofA Football Concessions, Butter Braids sales, Pizza Kit sales, restaurant nights, car wash</u>

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: AMS		
ESTIMATED NUMBER	OF STUDENTS: 33	
NAME OF SCHOOL GRO	OUP/CLUB/ENTITY: Pro	oject Catalina
STAFF ADVISOR(S)/CH Angela Wichers	(APERONES: <u>Kellie Hi</u> ç	iggins, Darin Mapes, Trechel Gindt, David Watson,
ABSENCE: # Days 4 Su	ıb Required: 🛛 Yes 📗	] No # of School Days Missed 4
ACTIVITY / EVENT / PU	RPOSE OF TRAVEL: <u>Tri</u> j	ip to Catalina Island Marine Institute (CIMI)
DESTINATION OF TRAV	/EL: Catalina Island, Ca	<u>alifornia</u>
Group Cohesiveness,	TO STUDENTS: <u>Extens</u> y, astronomy, ecology Most Interesting Artifa	nsion of science curriculum, Topics include marine by, and biodiversity. Competitions include Best act, Best Academic Group (based on CIMI testing est individual academic scores and Best Overall
PROPOSED METHOD OF  District-owned vehicles Transportation approval:  Other charter bus Bee	<b>.</b>	91 Tucson, AZ 85731
Are expenses paid from any Parent Organization	of the following accounts?	? Auxiliary X Tax Credits X Club Funds
EXPENSES REQ	QUESTED: (OBTAIN RE	ECEIPTS FOR ALL INCURRED EXPENSES)
	APPROX. COST	BUDGET CODE
Registration	\$9,990.00	525/526/533-00-100-1001-166-6892
Transportation	\$4,000.00	525/526/533-00-410-2710-166-6519
Meals	\$300.00	525/533-00-100-1001-166-6892

Substitutes \$1,760.00 525/526/533-00-100-1001-166-6113 TOTAL \$17,250.00 WILL THE DISTRICT RECEIVE REIMBURSEMENT? No IF SO, SOURCE & AMOUNTS: \_\_\_\_ HOW ARE CHAPERONE EXPENSES PAID? Included in student cost COST TO EACH STUDENT \$ \$450.00 HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Scholarships are made available to those students who need them. FUNDING SOURCE(S): Tax credit donations and gifts and donations FUNDRAISING ACTIVITIES PLANNED (If applicable): The travel is necessary for the implementation of the project funding the travel.

Associate Superintendent/Superintendent

\$1,200.00

Lodging

525/256/533-00-100-1001-166-6892

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: 15		
NAME OF SCHOOL G	ROUP/CLUB/ENTITY:	Canyon Sin	<u>gers</u>
STAFF ADVISOR(S)/O	CHAPERONES: Branc	li Dignum, K	elly Schoof, Lorraine Visconti, and Kevin
ABSENCE: # Days 5	Sub Required: X Yes	□ No	# of School Days Missed 3
ACTIVITY / EVENT / I	PURPOSE OF TRAVEL	Choir perfor	ming at Carnegie Hall by special invitation
DESTINATION OF TR	AVEL: New York City,	New York	
<u>Mariazeller Mass", co</u> <u>perform as part of a</u>	S TO STUDENTS: Stull in NYC. They will be included by Dr. Elizal 125 or more voice codents will experience OF TRANSPORTATION les	e participati beth Schaue hoir that will another live	ve the opportunity to perform in the world ng in a choral performance of the "Haydn r from the University of Arizona. They will bring the talents of Tucson to New York performance by seeing a Broadway show
Other MidAmerica F			
Are expenses paid from a Parent Organization	nny of the following accor	ınts? Auxiliar	y Tax Credits X Club Funds X
EXPENSES R	EQUESTED: (OBTAIN	N RECEIPTS	FOR ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	\$28,500	<u>!</u>	<u>526/850-00-100-1001-282</u> 6892
Transportation	\$11,400 ————		<u>526/850-00-410-2710-282-6519</u> ———
Meals <u>\$7,600 M</u>	eals and Broadway Show		526/850-00-100-1001-282-6892

Lodging	Included	-
Substitutes	\$330	<u>526/850-00-100-1001-282-6113</u>
TOTAL	<u>\$47,830</u>	
WILL THE DISTR IF SO, SOURCE &	UCT RECEIVE REIMBURSEMENT? No AMOUNTS:	
HOW ARE CHAIN package or \$2,50	PERONE EXPENSES PAID? They will in 100 of they choose to fly with us as well.	individually pay \$1,500 for the land only
COST TO EACH S	TUDENT \$ 2,500	
HOW IS THIS TR PROVISIONS)? <u>Ta</u>	AVEL MADE AVAILABLE TO ALL ELI <u>x Credit</u>	GIBLE STUDENTS (LOW FAMILY INCOME
FUNDING SOURC	E(S): Tax Credit and personal paymer	nt to Canyon Singers Club
Singing-grams suc	CTIVITIES PLANNED (If applicable):  the as Valentunes and Mistletunes, sellinged on by the Canyon Singers Club.	ng products such as candy bars, and other
The travel is necessar	ary for the implementation of the project fund	ling the travel.
SUBMITTED BY: _	Brandi Digmis Signature	Date
APPROVED BY:	Principal/Supervitor	19/4/18 Date
-	Whelmal Dyans	10/23/18
	Associate Superintendent/Superintendent	Date

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: Wilson K-8			
ESTIMATED NUMBER	R OF STUDENTS: Up 1	o 200 students	s (all 8 <sup>th</sup> graders)
NAME OF SCHOOL GI	ROUP/CLUB/ENTITY:	8 <sup>th</sup> Grade	
<u>Danielle Swisher, Al</u> Maggie Marianovic, F	lex Smith, Stacle De Parent chaperones: E	evaney, Kar rin Santiago	Sharon Silvas, David Linn, Patty Grub I Pieroway, Scott Cortese, Erin Hurgu I, Greg Burgess, Nicole Melonis, (Staff ar of students is finalized to assure the 1:
ABSENCE: # Days 2	Sub Required: 🗌 Yes	⊠ No	# of School Days Missed 2
ACTIVITY / EVENT / P	URPOSE OF TRAVEL:	8 <sup>th</sup> Grade Tr	<u>ip</u>
DESTINATION OF TRA	AVEL: <u>Los Angeles, C</u>	alifornia	
our the Los Angeles Mo Standards, specifically, Visiting the Holocaust N earned in the classroom telebrate year-long acac	TO STUDENTS: The useum of the Holocaust Strand 2 PO 5: Describ Juseum will help the stranger This trip also providentic achievement, goo	. This experience how racismodents make results an opportudent attendance,	is trip is to allow students the opportunity to nce is directly related to the Arizona State and intolerance contributed to the Holocaus real-world connections to what they have nity for students to visit Universal Studios to and positive behavior. During the trip, note healthy choices for a lifetime.
	d Trip, 9251 N Moonvi	ew Pl., Tucsor	n <u>, AZ 85742, 520-954-4958</u>
Are expenses paid from a Parent Organization		unts? Auxiliar	y <u>yes</u> Tax Credits <u>yes</u> Club Funds
EXPENSES RI	EQUESTED: (OBTAIN	N RECEIPTS	FOR ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	<u>\$73,000.00</u>	<u>)</u> -	<u>525/526 00 100 1001 168 6892</u> ———
Transportation	inc	} -	

rev. 9/1/15

Meals	<u>iı</u> ——-	<u>10</u> —	
Lodging	<u>ir</u> 	<u>nc</u>	
Substitutes	\$220.0	<u>o</u> .	530 00 100 3400 168 6113
TOTAL	<u>\$73,220.0</u>	<u>o</u>	
WILL THE DISTR IF SO, SOURCE &	ICT RECEIVE REIMBURSE AMOUNTS:	MENT? <u>n/a</u>	
HOW ARE CHAPI	erone expenses paid? <u>P</u>	arent Chaperones pa	aid by their own funds.
COST TO EACH S	TUDENT \$ 368.00		
HOW IS THIS TR PROVISIONS)? <u>Se</u>		TO ALL ELIGIBLE S	TUDENTS (LOW FAMILY INCOME
FUNDING SOURC	E(S): Auxiliary, Tax Credit,	parents	
FUNDRAISING AC None	CTIVITIES PLANNED (If app	licable):	
The travel is necessa	ary for the implementation of th	ne project funding the tra	avel.
SUBMITTED BY:	Signature Ma	Je -	10/19/18 Date
APPROVED BY:	Principal/Supervisor	einae	10/19/18 Date
_	Muhael Erizar		10/23/18
	Associate Superintendent/S	Superintendent	Date

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

EMPLOYEE(S);	Angela Wichers	Sarah Lortie	SCHOOL: AMS
	Mateo Arredondo	Luisana Alvarez	Department (opt.):
			DATE(S): <u>11/28/18-12/1/18</u>
ACTIVITY/EVEN	Γ: <u>National Council</u>	of Teachers of Mathe	matics Regional Conference
LOCATION: <u>Se</u>	attle, Washington		
ABSENCE: #	Days <u>4</u> Sub Requ	nired: XYes No	# of School Days Missed 3
EXPENSES REQU	ESTED: (OBTAIN	RECEIPTS FOR ALL 1	NCURRED EXPENSES)
	<u>APPRO</u>	XIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	\$2,020.00		100-19-100-2210-166-6360
Transporta	tion <u>\$6,100.00</u>	Mode air/tax	100-19-100-2210-166-6582
Rental Car	james resources		
Meals	<u>\$924.00</u>		100-19-100-2210-166-6582
Lodging	<u>\$1,845.00</u>		100-19-100-2210-166-6582
Substitutes	<u>\$330,00</u>		<u>100-19-100-2210-166-6113</u>
TOTAL	<u>\$11,219.00</u>		
The District will	(or) will not X rec	eive reimbursement fro	m outside sources.
Purpose of travel: A mathematics educate		ve the opportunity to	share knowledge and learn with leaders in the field of
			culty will gain new strategies to help develop the hematics for our students.
The travel is necessar	ry for the implements	ation of the project fund	ing the travel.
Submitted by: Sign	nture  Mule Will  inal Supervisor  Machael E	Mer	Date  10/16/18  Date  10/23/48
Asso	ciate Superintendent	Superintendent	Date

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

EMPLOYEE(S):	Caitlyn Rathbun	Kris Holt	SCHOOL: Prince
	<u>Kelly Palmour</u>	<u>Victoria Harriman</u>	Department (opt.):
	<u>Julie Pierce</u>		DATE(S): <u>December 4-6, 2018</u>
		ons Level Workshop	
LOCATION: C	<u>hurchill Center and</u>	l School, 1021 Municip	al Center Drive, St. Louis, MO 63131
ABSENCE: #	Days 3 Sub Req	uired; 🛛 Yes 🔲 No	# of School Days Missed 2
EXPENSES REQU	JESTED: (OBTAIN	RECEIPTS FOR ALL I	NCURRED EXPENSES)
	APPRO	DXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1734.00</u>		465-19-100-2210-111-6360
Transporta	tion <u>\$1870.00</u>	Mode <u>Air</u>	465-19-100-2210-111-6582
Rental Car	· · · · · · · · · · · · · · · · · · ·		
Meals	<u>\$550.00</u>		465-19-100-2210-111-6582
Lodging	<u>\$1908.89</u>		465-19-100-2210-111-6582
Substitutes	<u>\$880.00</u>		<u>465-19-100-1001-111-6113</u>
TOTAL	<u>\$6942.89</u>		
The District will	(or) will not ⊠ re	eceive reimbursement fr	om outside sources.
program.	eacher's will attend	Fundations implement	ation training to learn how to implement the
that brings more th Reading System® p comprehensive rea	ian a decade of syst principles, Wilson F	ematic and explicit inst undations® provides r andwriting program.	ons is a multisensory, structured language programs, ruction to the K-3 classroom. Based on the Wilson esearch-based materials and strategies essential to a reachers attending this training will implement the
Submitted by: Sign	lar Chate	ther	9/25/2018 Date
Prin	cipal Supervisor		<u>9/25/201</u> 8 Date
A	Manu X	Mr.	Date 10/18/2018
Asso	ociate Superintenden	vou <del>pe</del> rintendent	Date

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

EMPLOYEE(S):	Engel	<u>Katherine</u>	SCI	HOOL: AHS
	<u>Garcia</u>	<u>Karla</u>	1	Department (opt.): <u>ELD</u>
	Table of the second	And the second	DA	TE(S): October 24, 25, 26, 2018
			Learning Convening (S	EL In Action) 2018
LOCATION: <u>S</u>	anta Ana	Pueblo, New M	<u>exico</u>	
ABSENCE: #	<sup>‡</sup> Days <u>3</u>	Sub Required:	⊠Yes □No	# of School Days Missed 3
EXPENSES REQU	ÆSTED:	(OBTAIN REC	EIPTS FOR ALL INCUI	RRED EXPENSES)
		<u>APPROXIM</u>	ATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registratio	n <u>N/</u>	<u>4</u>		direct payment: NoVo Found, Grant Award
Transporta	ation <u>N/</u>	<u>4</u>	Mode <u>air</u>	direct payment: NoVo Found, Grant Award
Rental Car	<u>N/2</u>	1_	•	
Meals	<u>N/A</u>	<u>1</u>		direct payment: NoVo Found. Grant Award
Lodging	<u>N/A</u>	<u>1</u>		direct payment: NoVo Found. Grant Award
Substitutes	<u>\$ 3</u> :	<u>30.00</u>		530-51-100-1001-281-6113 EF-19-KE
TOTAL	<u>\$ 3</u> ;	<u>30.00</u>		
The District will	(or) will	not⊠ receive	reimbursement from our	tride courses
ruipose of itaves.	Tolession	ai Development	. 10r educators in the ar	ea of social and emotional development
ield of social and o	emotional	<u>learning. Partic</u>	cipants will develop a co	l share and learn about current practices in the ommon understanding of nationwide best
oractices to implen	nent and a	idapt new ideas	<u>.</u>	
Submitted by: Kigs	General Constant	2		<u>9/27/18</u> Date
ľ	HS	Willa		10 · 22 · 18  Date  02318
Prin	cipal/Supe	I Bya		Date
· //	(win			
Ass	ociate Sup	erintendent/Supe	erintendent	Date

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: IRHS			
ESTIMATED NUMBER	R OF STUDENTS: 1		
NAME OF SCHOOL GI	ROUP/CLUB/ENTITY:	IRHS Jazz B	and
STAFF ADVISOR(S)/C	HAPERONES: Mark H	lodge.	
ABSENCE: # Days 3	Sub Required: 🛛 Yes	⊠ No	# of School Days Missed 3
ACTIVITY / EVENT / F	PURPOSE OF TRAVEL	: <u>National Jaz</u>	z Honor Ensemble
DESTINATION OF TRA	AVEL: <u>Orlando, FL</u>		
DATES OF TRAVEL: NACADEMIC BENEFIT audition. Parent paying chaperone cost.	S TO STUDENTS. '	To narticipate	e with a national group that was selected by ation for Music Education (NAfME) to pay all
PROPOSED METHOD  District-owned vehic Transportation approval:  Other Airplane and	eles	N:	
Are expenses paid from a Parent Organization	any of the following acco	ounts? Auxilia	ry Tax Credits Club Funds
EXPENSES R	REQUESTED: (OBTAI	IN RECEIPTS	FOR ALL INCURRED EXPENSES)
	APPROX, COS	r	BUDGET CODE
Registration			Provided
Transportation			Provided ———
Meals			Provided
Lodging			Provided
Substitutes	<u>\$330.(</u>	<u>)0</u>	530-00-100-3400-280-6113

#### \$330.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? IF SO, SOURCE & AMOUNTS:	
HOW ARE CHAPERONE EXPENSES PAID? National Association for Mu	sic Education (NAfME)
COST TO EACH STUDENT \$ 0	
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUD PROVISIONS)? <u>N/A</u>	DENTS (LOW FAMILY INCOME
FUNDING SOURCE(S):	
FUNDRAISING ACTIVITIES PLANNED (If applicable):	
The travel is necessary for the implementation of the project funding the travel.	
SUBMITTED BY: Signature	10.22218 Date
APPROVED BY:  Principal/Supervisor	10 7 3 1 0 Date
Muhael Byan	10/24/18
Associate Superintendent/Superintendent	Date

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

EMPLOYEE(S): So	cott Little Stev	aggadain inconnais an	SCHOOL: <u>District Offices</u> Department (opt.): <u>IT</u> DATE(S): <u>November 28-30, 2018</u>
ACTIVITY/EVENT: LOCATION: Atlan	E-Rate Training		
<del></del>		wada TVoa MNo	# of School Days Missed 💈
ABSENCE: # Da	· -	red: □Yes ☑No	·
EXPENSES REQUES	TED: (OBTAIN R	ECEIPTS FOR ALL INC	
	<u>APPRO</u>	KIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u> </u>		**************************************
Transportatio	on <u>\$884.00</u>	Mode <u>Air</u>	0010010025795506582
Rental Car	p		
Meals	<u>\$238.00</u>		0010010025795506582
Lodging	<u>\$810.24</u>		<u>0010010025795506582</u>
Substitutes			
TOTAL ·	<u>\$1932.24</u>		
		eive reimbursement from	outside sources.
Purpose of travel: To			- A Courth a district
Outcomes and academ	ic benefits to stude	nts and staff: <u>Discounter</u>	d category 2 technology equipment for the district.
The travel is necessary	for the implement	ation of the project funding	g the travel.
Submitted by: Signat	hure		10/24/2018  10/24/2018  Date  10/24/18
2	420		10/24/2018
Princi	pal/Supervisor		Date
$C_{II}$	nie Of	we -	10/24/18
Assoc	iate Superintendent	/Superintendent	Date