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: Cross Middle
ESTIMATED NUMBER OF STUDENTS: 6
NAME OF SCHOOL GROUP/CLUB/ENTITY: Cross Middle School Odyssey of the Mind
STAFF ADVISOR(S)/CHAPERONES: <u>Lisa DaDeppo, Advisor; Elisabeth Benavidez, Leann</u> Calvin, Julie Eblen, Leslie Ferre, Christine Jaeger, & Todd Jaeger
ABSENCE: # Days <b>6</b> Sub Required: Yes <b>X</b> No # of School Days Missed <b>0</b>
ACTIVITY / EVENT / PURPOSE OF TRAVEL: Odyssey of the Mind World Finals
DESTINATION OF TRAVEL: <u>Ames, Iowa</u>
DATES OF TRAVEL: <u>May 24, 2016 – May 29, 2016</u>
ACADEMIC BENEFITS TO STUDENTS: Students will gain more experience in engineering and refining a structure for maximum structural integrity. They will also work on their speaking and presenting skills. In addition, the students will be able to watch other teams perform.
PROPOSED METHOD OF TRANSPORTATION:  District-owned vehicles  Transportation approval:  Nother American Airlines flight, shuttle bus between airport and ISU campus, public transportation while in Ames
Are expenses paid from any of the following accounts? Auxiliary <b>X</b> Tax Credits <b>X</b> Club Funds

	APPROX. COST	BUDGET CODE		
Registration	<u>\$4,305.00</u>	525-00-100-1001-167-6892 526-00-100-1001-167-6892		
Transportation	<u>\$4,331.80</u>	525-00-100-1001-167-6519 526-00-100-1001-167-6519		
Meals	<u>included</u>	· 		
Lodging	included			
Substitutes	N/A			
TOTAL	<u>\$8,636.80</u>			
WILL THE DISTRICT RECEIVE REIMBURSEMENT? No IF SO, SOURCE & AMOUNTS:  HOW ARE CHAPERONE EXPENSES PAID? Staff/Advisor travel, lodging and meal expenses are part of the total packet. Parent chaperones will pay all expenses on their own.  COST TO EACH STUDENT \$ 1,440.00  HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? District contribution (\$750 per student), Tax Credit Donations, Fundraising				
FUNDING SOURCE(S): District contribution (\$750 per student), Tax Credit Donations, Fundraising activities throughout the year, Student Council, & PTO  FUNDRAISING ACTIVITIES PLANNED (If applicable): Snack bar sales at after school athletic events, letter writing campaign for donations				
The travel is necessary for the in	nplementation of the proj	ect funding the travel.		
SUBMITTED BY: Signatur	SWW Daden	112116 Date		
APPROVED BY: Principal	al/Supervisor	<u> 4-21-14</u> Date		

Associate Superintendent/Superintendent

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

SCHO	OOL: Mesa Verde			
ESTI	MATED NUMBER	OF STUDENTS: 5		
NAM	E OF SCHOOL GR	OUP/CLUB/ENTITY:	Mesa Verde	Odyssey of the Mind
STAF <b>Kare</b> i	F ADVISOR(S)/CI n Douglas, Jacob	HAPERONES: <u>Jenn</u> McGhee and Brittn	nifer Martine ney Araiza.	ez (Coach), Molly Mikles, Rachel Oldaker
ABSE	ENCE: # Days <u>6</u> S	ub Required:  Yes	⊠ No	# of School Days Missed 0
АСТГ	VITY / EVENT / PU	JRPOSE OF TRAVEL	: World Fina	als Odyssey of the Mind Tournament
DEST	INATION OF TRA	VEL: <b>Ames, Iowa - I</b>	owa State Uı	<u>niversity</u>
ACAL	S OF TRAVEL: Ma DEMIC BENEFITS em solving comp	TO STUDENTS:	Students wil s Arizona 21s	ll participate on a global level in creative st Century and NAGC standards.
Di Transp	strict-owned vehicle ortation approval:		N:	
	penses paid from an Organization $\underline{X}$	y of the following acco	ounts? Auxilia	ary $\underline{X}$ Tax Credits $\underline{X}$ Club Funds $\underline{X}$
	EXPENSES RE	QUESTED: (OBTAI	N RECEIPTS	S FOR ALL INCURRED EXPENSES)
		APPROX. COST	Γ	BUDGET CODE
	Registration	<u>\$400.00</u>		<u>526-00-100-1001-116-6892</u>
<u>6519</u>	Transportation	<u>\$4300.00</u>		525/526/530/001-00-100-1001-116/520-
	Meals			
<u>6892</u>	Lodging	<u>\$6765.00</u>		525/526/530/001-00-100-1001-116/520-

Substitutes				
TOTAL	<u>\$11,465.00</u>			
	RICT RECEIVE REIMBUR & AMOUNTS:	SEMENT? <u>No</u>		
HOW ARE CHAP	ERONE EXPENSES PAID	? <u>Chaperones are res</u>	ponsible for all their o	expenses.
COST TO EACH S	STUDENT \$ <u>500.00</u>			
	RAVEL MADE AVAILAB ax Credit, Auxiliary, Gi			
FUNDING SOUR	CE(S): <u>Tax Credit, Fundra</u>	aising, Gifts and Donati	ons.	
	CTIVITIES PLANNED (If credit donation drive ar		equest letters to busir	iesses.
,				
				· /
SUBMITTED BY:	Signature		<u> 4/2</u> 0/16	
APPROVED BY:	Oezul Principal/Supervisor/	Tray	4/20/16 Date	
	Morion hel Associate Superintende	20 ent/Superintendent	<u>4/26/16</u> 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: <u>IRHS</u>			
ESTIMATED NUMBER	OF STUDENTS: 12		
NAME OF SCHOOL GRO	OUP/CLUB/ENTITY:	IRHS Girls Baske	<u>tball</u>
STAFF ADVISOR(S)/CH	APERONES: Holly E	Broberg, and Mack	<u>enzie Greer</u>
ABSENCE: # Days 4 Su	ıb Required: 🗌 Yes	⊠ No # of S	School Days Missed 0
ACTIVITY / EVENT / PU compete against other ter visit, meeting with the US	ams from across the l	Pacific Coast in a 3	ng University of San Diego team camp to day event. This event includes a campus competitions.
DESTINATION OF TRAV	VEL: <u>University of S</u>	an Diego, San Die	go, CA.
campus at USD. As a well as visit various	TO STUDENTS: <u>St</u> coaching staff, we places around car ng their basketball	discuss the entra npus. We will als	the opportunity to spend 4 days on nnce requirements to attend USD as so attend a meeting with the USD a positive experience that exposes
PROPOSED METHOD OF District-owned vehicles.  Transportation approval:  Other Van rentals from	S		
Are expenses paid from any Parent Organization $\underline{X}$	y of the following acco	unts? Auxiliary	_ Tax Credits <u>X</u> Club Funds <u>X</u>
EXPENSES REC	QUESTED: (OBTAII	N RECEIPTS FOR A	ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	<u>\$525</u>		<u>526-00-100-1001-280-6892</u>
Transportation	<u>\$800</u>		<u>526-00-100-1001-280-6519</u>
Meals	<u>\$900</u>		Self Pay

Substitute	<u>N/A</u>	-	<del></del>
TOTAL	<u>\$4200</u>		
	RICT RECEIVE REIMBURSI & AMOUNTS:	EMENT? <u><b>N/A</b></u>	
HOW ARE CHAP	ERONE EXPENSES PAID? <u>I</u>	Parent organization/bo	posters
COST TO EACH S	STUDENT \$ <b>apx. \$200</b>		
HOW IS THIS TE PROVISIONS)? <u>F</u>	CAVEL MADE AVAILABLI	E TO ALL ELIGIBLE ST are available through the	TUDENTS (LOW FAMILY INCOME booster club.
FUNDING SOUR	CE(S): Booster club, tax c	redit account, club ac	<u>count</u>
	CTIVITIES PLANNED (If ap er Camp Registration	oplicable):	
	, A o	2	
SUBMITTED BY:	Signature	1/	4/14/16 Date
APPROVED BY:	Add Mulical Supervisor	Dunet	<u>Ululilo</u> Date
	Associate Superintendent	Loc- /Superintendent	Date //6

Self Pay

Lodging

<u>\$1,975</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: <u>IRHS</u>			
ESTIMATED NUMBER OF	STUDENTS: 4		
NAME OF SCHOOL GROUD	P/CLUB/ENTITY: <u>II</u>	RHS HOSA	;
STAFF ADVISOR(S)/CHAP	ERONES: <b>Daniel Se</b>	menick, Ca	<u>rolyn Zeiher</u>
ABSENCE: # Days 6 Sub F	Required: Yes	⊠ No	# of School Days Missed <u>0</u>
ACTIVITY / EVENT / PURP	OSE OF TRAVEL: <u></u>	IOSA Natio	onal Leadership Conference/Competition
DESTINATION OF TRAVEI	.: <mark>Nashville, TN</mark>		
DATES OF TRAVEL: <u>June</u> ACADEMIC BENEFITS TO professionals.		SA NLC is	s geared towards preparing future health
PROPOSED METHOD OF TEMPORATE TO SET T			
Are expenses paid from any of Parent Organization	the following accoun	ıts? Auxiliaı	ry Tax Credits <u>x</u> Club Funds <u>x</u>
EXPENSES REQU	ESTED: (OBTAIN)	RECEIPTS	FOR ALL INCURRED EXPENSES)
	APPROX. COST		BUDGET CODE
Registration	\$110.00 \$550.00		<u>596-75-270-2190-280-6360</u> <u>526/850-00-100-1001-280-6892</u>
Transportation	\$550.00 \$2,200.00		<u>596-75-270-2190-280-6582</u> <u>526/850-00-100-1001-280-6519</u>
Meals	<u>\$385.00</u>		<u>596-75-270-2190-280-6582</u> 
Lodging	\$1,074.00 \$2,148.00		<u>596-75-270-2190-280-6582</u> <u>526/850-00-100-1001-280-6892</u>
Substitutes			

#### \$7,017.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No IF SO, SOURCE & AMOUNTS:	
HOW ARE CHAPERONE EXPENSES PAID? CTE/JTED	
COST TO EACH STUDENT \$ 950.00	
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDI PROVISIONS)? <u>Club funds</u>	ENTS (LOW FAMILY INCOME
FUNDING SOURCE(S): CTE/JTED, Tax credit, Club funds	
FUNDRAISING ACTIVITIES PLANNED (If applicable):	
The travel is necessary for the implementation of the project funding the travel.	
SUBMITTED BY: Signature	Date
APPROVED BY: Principal/Supervisor	4/25/14 Date
Associate Superintendent/Superintendent	4/26/16 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): <u>David</u> <u>Mart</u>	tinez -	SCHOOL: <u>District Offices</u> Department (opt.): <u>Interscholastics</u>
	_	DATE(S): <u>June 13 - 16, 2016</u>
A CONTRACTOR Adda Ford	nment Managars Associ	ation Annual Convention
ACTIVITY/EVENT: <u>Athletic Equi</u> LOCATION: <u>Las Vegas, NV</u>	pment Managers Associ	ation Annual Convention
ABSENCE: # Days 4 Sub l	Required: Yes No	# of School Days Missed 0
EXPENSES REQUESTED: (OBTA	AIN RECEIPTS FOR ALI	L INCURRED EXPENSES)
AP	PROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration \$175.00		$\underline{001.00.620.2579.512.6360}$
Transportation	Mode	<del>_</del>
Rental Car <u>\$229.64</u>	,	$\underline{001.00.620.2579.512.6582}$
Meals <u>\$216.00</u>		$\underline{001.00.620.2579.512.6582}$
Lodging <u>\$368.00</u>		$\underline{001.00.620.2579.512.6582}$
Substitutes		
TOTAL \$988.64		
The District will (or) will not	receive reimbursemen	t from outside sources.
Purpose of travel: To attend the A certification.	EMA annual convention	1. Will be receiving CEU's to maintain safety
Outcomes and academic benefits to shoulder pads and helmets for for sports played in the district.	students and staff: To motball players and stay u	paintain safety certification to include the proper fitting o p-to-date on safety equipment and safety issues for all
Submitted by: Signature		4/21/16 Date
	Pellel	4/21/16 Date
Principal/Superviso	or  New York Control of the Control	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): Kat	thy Stegen SCF	IOOL: <u>CDO</u>
	r	Department (opt.):
-	DA	ΓΕ(S): <u>June 20-23, 2016</u>
ACTIVITY/EVENT: <u>Al</u> LOCATION: <u>El Pas</u>	P Workshop - Economics o, TX	
ABSENCE: # Days	s <u>4</u> Sub Required:   Yes   No	# of School Days Missed 0
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR ALL INCUF	RRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION  (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$585.00</u>	<u>525-00-100-2210-282-6360</u>
Transportation	\$350.00 Mode personal car	<u>525-00-100-2210-282-6582</u>
Rental Car		
Meals	<u>\$196.00</u>	<u>525-00-100-2210-282-6582</u>
Lodging	<u>\$700.00</u>	<u>525-00-100-2210-282-6582</u>
Substitutes		
TOTAL	<u>\$1831.00</u>	
The District will [ (or)	will not receive reimbursement from ou	tside sources.
Purpose of travel: <u>Teacl</u>	her will attend the AP Conference to be trai	ned to teach AP Economics.
Outcomes and academic	benefits to students and staff: Teacher needs	AP training to teach AP Economics.
Submitted by: Fat Signatur Principa	Harine R Stegen  e  USupervisor	4-20-16 Date  Date  Date
100	nu Molso	4/24/16
Δ eenciat	e Superintendent/Superintendent	Date