EMPLOYEE(S):	<u>Krista</u>	<u>Blurton</u>	SCHO	OOL: <u>District Offices</u>
	<u>Sujata</u>	Agrawal	De	partment (opt.): State and Federal Programs
			DAT	E(S): <u>1/23/1</u> <u>1-1/28/11</u>
			ational and Model T	raining for educator certification.
LOCATION:	St. Louis, I	<u>MO</u>		
ABSENCE:	# Days <u>6</u>	Sub Required: \(\subseteq Y	es No	# of School Days Missed 5
EXPENSES REC	QUESTED:	(OBTAIN RECEIPT	S FOR ALL INCURI	RED EXPENSES)
		<u>APPROXIMATE</u>	COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registrat	tion <u>\$1</u>	<u>,700</u>		<u>472-00-100-2210-510-6360</u>
Transpo	rtation <u>\$8</u>	<u>800</u>	Mode <u>Airplane</u>	472-00-100-2190-510-6582
Rental C	ar <u>N</u>	<u>/A</u>		<u>N/A</u>
Meals	<u>\$6</u>	550_		<u>472-00-100-2190-510-6582</u>
Lodging	<u>\$8</u>	800_		<u>472-00-100-2190-510-6582</u>
Substitut	tes <u>N</u>	<u>/A</u>		<u>N/A</u>
TOTAL	<u>\$3</u>	<u>3,900</u>		
The District will	(or) wi	ll not receive rein	nbursement from outs	side sources.
Durnasa of traval	Donant F	ducator training for	aartifiaation is mans	latory for the Amphi Parents as Teachers
program.	. rarent E	ducator training for	ceruncation is mand	latory for the Amphi Farents as Teachers
Outcomes and ac readiness, famil		efits to students and st	aff: Increase paren	t involvement, early intervention, kinder-
		411/2 Custon		11/12/10
Submitted by:	Sigato	a agnawal		1/12/2010
\$	Signature			Date
• -	Te	ui 11-	12-10	
I	Principal/Su	pervisor 7.1	1 .	Date
w	1	aruth my	1/m	11 <u>-18</u> -10
1	Associate Si	uperintendent/Superint	tendent	Date

EMPLOYEE(S):	<u>Tom</u>	<u>Collins</u>	SCH	OOL: <u>District Offices</u>
	Alma	Salazar	D	epartment (opt.): State and Federal Programs
	<u>Dina</u>	<u>Gutierrez</u>	DA	TE(S): <u>1/23/11 -1/28/11</u>
ACTIVITY/EVEN	NT: Parc	ents as Teachers Fo	oundational Training fo	or existing programs
LOCATION: §	st. Louis	<u>, MO</u>		
ABSENCE:	# Days <u>4</u>	Sub Required:	□Yes ⊠No	# of School Days Missed 3
EXPENSES REQ	UESTEI	D: (OBTAIN RECE	EIPTS FOR ALL INCUF	RRED EXPENSES)
		<u>APPROXIM</u>	ATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds an require a budget code.)
Registration	on	<u>\$400</u>		472-00-100-2210-510-6360
Transpor	tation	<u>\$1,200</u>	Mode <u>Airplane</u>	472-00-100-2190-510-6582
Rental Ca	r	N/A		<u>N/A</u>
Meals		<u>\$625</u>		<u>472-00-100-2190-510-6582</u>
Lodging		\$1,600		472-00-100-2190-510-6582
Substitute	s	N/A		<u>N/A</u>
TOTAL		<u>\$3,825</u>		
TI. D'. () - 111 N	71 ()	····		4:1
The District will [2	△ (or)	will not receive	e reimbursement from ou	iside sources.
Purpose of travel: program.	<u>Parent</u>	Educator training	for certification is mar	datory for the Amphi Parents as Teachers
Outcomes and aca			nd staff: <u>Increase pare</u>	nt involvement, early intervention, kinder-
Submitted by: ${Si}$	gnature	Sun	-	2 0 Date
	1	"oli-	- 11-12-10)
Pr	rincipal/	Supervisor	/	Date
		tatrick "	Usan	11-18-10
A	ssociate	Superintendent/Sup	perintendent	Date

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

EMPLOYEE(S):	<u>Fiona</u>	<u>O'Brien</u>	S	CHOOL: Wilson K-8
				Department (opt.): SPED
	WATERSTON		Ι	DATE(S): <u>January 10-13, 2011</u>
ACTIVITY/EVE	ENT: <u>Trea</u>	tment and Edu	cation of Autistic and o	ther related Communication Handicapped
Children (TEA	CCH) Adv	anced Topics	<u>Seminar</u>	
LOCATION:	Chapel H	ill, North Car	<u>olina</u>	
ABSENCE:	# Days <u>4</u>	Sub Requir	ed: Yes No	# of School Days Missed 4
EXPENSES REC	QUESTED	: (OBTAIN RI	ECEIPTS FOR ALL INC	URRED EXPENSES)
		<u>APPROX</u>	IMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds an require a budget code.)
Registra	tion §	8 825.00		229.11.200.2210.540.6360
Transpo	ortation §	80.00	Mode <u>Taxi</u>	229.11.200.2210.540.6582
Rental C	ar _	_		
Meals	9	<u> </u>		229.11.200.2210.540.6582
Lodging	<u>S</u>	<u> </u>		229.11.200.2210.540.6582
Substitut	tes <u>r</u>	<u> </u>		
TOTAL	<u> </u>	81375.00		
The District will	or) v	vill not 🛛 rec	eive reimbursement from	outside sources.
n				

Purpose of travel: To receive advanced training in the Structured Teaching Model as a follow-up to the 5 day intensive hands-on TEACCH Training Program that I participated in Summer 2010. Wilson K-8 is currently implementing the Structured Teaching Model in our self-contained programs. This advanced course will develop presentation skills in explaining intervention methods and foster team-building skills in developing collaborative efforts in expanding and implementing autism services. In addition, I will enrich my consultation skills in assessing and advising professionals about program development so that I may have an impact not only on our students with autism at Wilson, but on students and staff throughout the Amphitheater Public School District as well.

Outcomes and academic benefits to students and staff: This conference will have a positive impact on our population of students with autism spectrum disorders, as well as their service providers

Submitted by:	Fiona ED Brien	10/27/10
	Signature	Date
	_ (ld The Fame Tokent	10/27/10
	Principal/Supervisor	Date
	Fatrul Melson	11-8-10
	Associate Superintendent/Superintendent	Date

rev. 9/21/05

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

SCHOOL: Nash

EMPLOYEE(S): <u>Bob</u>

<u>Hehli</u>

	<u>Jenn</u>	y Knapper	iberger	De	partment (opt.):
	<u>Amy</u>	<u>Lewis</u>		DATI	E(S): <u>January 23, 24, 25, 2011</u>
ACTIVITY/EV LOCATION:		Excuses University			
ABSENCE:	# Days	2 Sub Requ	uired: ⊠Yes □N	No	# of School Days Missed 2
EXPENSES RE	EQUESTE	D: (OBTAIN	RECEIPTS FOR A	ALL INCURR	RED EXPENSES)
		APPRO	XIMATE COST		BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registra	ation	<u>\$1350.00</u>			<u>140-11-100-2210-510-6360</u>
Transp	ortation	<u>\$900.00</u>	Mode <u>A</u>	<u>sir</u>	<u>140-11-100-2210-510-6582</u>
Rental	Car				
Meals		<u>\$306.00</u>			140-11-100-2210-510-6582
Lodgin	g	<u>\$650.00</u>			<u>140-11-100-2210-510-6582</u>
Substitu	utes	<u>\$320.00</u>			<u>140-11-100-2210-510-6113</u>
ТОТА	L	<u>\$3526.00</u>			
Purpose of trave	el: The N	o Excuses Uni		y is focus of o	ide sources. our continuous school improvement efforts. ttend an institute their first year at the school.
collaborative e	nvironme Creating a	nt. Aligning o	curriculum and in	istruction to	alture of universal achievement. 2. Creating a the standards. Using research based ments. Providing academic and behavioral
Submitted by:	Bb Signature	Jelli			11/24/10 Date
		Supervisor Superintender	L Wlam nt/Superintendent		Date 11–29–10 Date

EMPLOYEE(S): Stac	<u>cey Bonds</u> <u>Sarah Tucker</u> So	CHOOL: Mesa Verde
		Department (opt.):
	D	PATE(S): <u>2/17/11 - 2/19/11</u>
ACTIVITY/EVENT: <u>K</u> £	ngan Winter Academies 2011	
LOCATION: <u>Las Ve</u>	gas, Nevada	
ABSENCE: # Days	s <u>1.5</u> Sub Required: ⊠Yes □No	# of School Days Missed 1.5
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR ALL INC	URRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	1110.00	140-11-100-2210-510-6360
Transportation	750.00 Mode Air/taxi	140-11-100-2210-510-6582
Rental Car	N/A	
Meals	<u>262.00</u>	140-11-100-2210-510-6582
Lodging	270.00	140-11-100-2210-510-6582
Substitutes	<u>250.00</u>	140-11-100-2210-510-6113
TOTAL	<u>2642.00</u>	
The District will (or)) will not 🛛 receive reimbursement from	outside sources.
Purpose of travel: Coop	erative Learning for little ones: Success S	Secrets for the K-1 classroom workshop.
Outcomes and academic engagement for all stud	h	vill gain and share knowledge to increase
Submitted by:		
Signatur	e A Well.	Date
Principa	1/Supervisor	<i>11/19//(</i> / Date
Timerpa	Patrick Welso	11-23-10
Associa	te Superintendent/Superintendent	Date

EMPLOYEE(S):	Rob Girard M	Mitzi Wieduwilt	SCHOOL: <u>CDO</u>	
	Chris Gabriel	(managed by the lands)	Department (or	ot.): International Baccalaureate
			DATE(S): Janua	<u>ry 21-24, 2011</u>
ACTIVITY/EVEN	T: International B	accalaureate Training		
LOCATION: <u>L</u>	os Angeles, Califo	<u>rnia</u>		
ABSENCE: #	Days 4 Sub Re	quired: XYes No	# of Schoo	l Days Missed 2
EXPENSES REQU	JESTED: (OBTAI	N RECEIPTS FOR ALL II	ICURRED EXPEN	ISES)
	APPR	ROXIMATE COST		IDGET CODE/DESCRIPTION credit contributions are District funds and dget code.)
Registratio	on <u>\$2025.00</u>		140-11-100	<u>)-2210-510-6360</u>
Transport	ation <u>\$990.00</u>	Mode <u>Air</u>	140-11-100	<u>)-2210-510-6582</u>
Rental Car	0		-	
Meals	<u>\$180.00</u>		140-11-10	0-2210-510-6582
Lodging	<u>\$1242.00</u>		140-11-100	0-2210-510-6582
Substitutes	<u>\$450.00</u>		140-11-100) <u>-2210-510-6113</u>
TOTAL	<u>\$4887.00</u>			
The District will	or) will not 🖂	receive reimbursement fro	m outside sources.	
Purpose of travel: Baccalaureate Pro		ive training to become fu	ly certified to teac	h in the International
Outcomes and acad	demic benefits to stu	idents and staff: Teacher	will be certified t	o teach International Baccalaureate
Submitted by: Signature Signature	gnature .		11/19/10 Date	
	Marie Val	Δe^{-i}	ulialia	
	incipal/Supervisor	1	Date	
	- Fa	trick Melson	1/-23-	10
As	sociate Superintend	ent/Superintendent	Date	

EMPLOYEE(S): <u>Amy</u>	Swiderski	SCHOOL: <u>CDO</u>
	_	Department (opt.): International Baccalaureate
		DATE(S): February 10-13, 2011
ACTIVITY/EVENT: Int	ernational Baccalaureate Coordin	ator Training
LOCATION: New Or	<u>leans, Louisiana</u>	
ABSENCE: # Days	4 Sub Required: ⊠Yes ☐No	# of School Days Missed 2
EXPENSES REQUESTE	ED: (OBTAIN RECEIPTS FOR AL	L INCURRED EXPENSES)
	APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$675.00</u>	140-11-100-2210-510-6360
Transportation	<u>\$650.00</u> Mode <u>air</u>	140-11-100-2210-510-6582
Rental Car	<u>\$38.00 - shuttle</u>	<u>140-11-100-2210-510-6582</u>
Meals	<u>\$75.00</u>	<u>140-11-100-2210-510-6582</u>
Lodging	<u>\$638.41</u>	140-11-100-2210-510-6582
Substitutes	<u>\$150.00</u>	140-11-100-2210-510-6113
TOTAL	<u>\$2226.41</u>	
The District will [(or)	will not X receive reimbursemen	t from outside sources.
Purpose of travel: The te Extended Essay and CA		ome a fully certified International Baccalaureate
Outcomes and academic International Baccalaur		Swiderski will be able to work in Canyon del Oro's
Submitted by: Signature Principal	Supervisor	
<u> </u>	Harrich Western es Superintendent	1 <u> -29</u> -10 Date

EMPLOYEE(S): <u>Josh</u>	Tabor		SCHOOL: <u>CDO</u>
-		_	Department (opt.): International Baccalaureate
MANAGEMENT			DATE(S): February 27-March 1, 2011
	4 15		
ACTIVITY/EVENT: Int		alaureate Training	
LOCATION: <u>Housto</u>	n, Texas		
ABSENCE: # Days	3 Sub Requi	red: ⊠Yes □No	# of School Days Missed 2
EXPENSES REQUESTI	ED: (OBTAIN R	ECEIPTS FOR ALL IN	CURRED EXPENSES)
	<u>APPROX</u>	KIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$695.00</u>		<u>140-11-100-2210-510-6360</u>
Transportation	<u>\$700.00</u>	Mode <u>Air</u>	<u>140-11-100-2210-510-6582</u>
Rental Car	0		
Meals	<u>\$100.00</u>		140-11-100-2210-510-6582
Lodging	<u>\$278.00</u>		<u>140-11-100-2210-510-6582</u>
Substitutes	<u>\$150.00</u>		140-11-100-2210-510-6113
TOTAL	\$1,923.00		
The District will (or)	will not X rec	peive reimbursement fra	m outside sources
_ ` ,			
Purpose of travel: <u>Teach</u> <u>Programme</u>	<u>ier will receive t</u>	raining to become fully	certified to teach in the International Baccalaureate
Outcomes and academic Mathematics SL	benefits to stude	nts and staff: Teacher v	will be certified to teach International Baccalaureate
Submitted by: Signature		\nearrow	<u>11/19/10</u> Date
MAGA	ois Valu))	# 1 1 a 1 i o
Principal	Supervisor		Date
	Fatrick.	Meloa	11-24-10
Associat	e Superintendent	/Superintendent	Date

EMPLOYEE(S): Josh	ua Fields — ———	Alejandro Gonzalez	SCHOOL: AHS Department (opt.): CTE/Photo Imaging DATE(S): 3/10/11-3/13/11
ACTIVITY/EVENT: Soc	ciety for Pho	tographic Education	
LOCATION: Atlanta			
ABSENCE: # Days	4 Sub Re	equired: Xes No	# of School Days Missed 2
EXPENSES REQUESTE	ED: (OBTAI	N RECEIPTS FOR ALL I	NCURRED EXPENSES)
	APPI	ROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$ 500</u>		260.11.270.2210.281.6360
Transportation	\$ 870	Mode <u>Air</u>	260.11.270.2210.281.6582
Rental Car			***************************************
Meals	\$ 352		260.11.270.2210.281.6582
Lodging	<u>\$ 447</u>		260.11.270.2210.281.6582
Substitutes	<u>\$ 400</u>		<u>260.11.270.2210.281.6113</u>
TOTAL	<u>\$2,569</u>		
The District will (or)	will not 🔀	receive reimbursement fr	om outside sources.
specifically discussing d	lifferent app ns and prese	roaches to teaching creat	creater level of collaboration between peers nationally, ivity, and advanced concepts. We are also interested in rements, trends and technology in photography that
have learned through d share with students who	emonstratio at is current ration and/b	ns and collaboration. This in the photography industriant orrowing other's approach	s will benefit when we bring back the knowledge we rough observing demonstrations we will be able to stry now. Students will also benefit from the ideas that these to teaching various concepts and the students will
Submitted by: Signature	121	til Tulm	$ \frac{10 27 6}{\text{Date}} $ $ \frac{10 27 10}{\text{Date}} $ $ \frac{1-18-10}{1} $
Associa	te Superinten	dent/Superintendent	Date

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

SCHOOL: <u>IRHS</u>			
ESTIMATED NUMI	BER OF STUDENTS: 7		
NAME OF SCHOOL	. GROUP/CLUB/ENTITY: Inter	mediate and Advanced Journalis	sm Students
STAFF ADVISOR(S)/CHAPERONES: Doreen Rou	ille	
ABSENCE: # Days <u>1</u> Days Missed <u>Two</u>	Two School Days; One Weekend	Sub Required: Yes No	# of School
ACTIVITY / EVENT	Γ / PURPOSE OF TRAVEL: <u>JEA</u>	National Spring Convention (Jo	urnalism)
DESTINATION OF	TRAVEL: Anaheim, CA		
ACADEMIC BENE	ters and newsmakers, as wel	nts will listen to keynote speak Il as attend learning sessions which with students serious about purs	<u>here students can</u>
Students will lear	n information and skills they	can bring back to the classroo	
overali journalistic	c quality of the school's news	spaper.	
PROPOSED METH(☐ District-owned volume Transportation appro ☐ Other <u>Airplane</u>			
Are expenses paid fro Parent Organization		Auxiliary Tax Credits (Club Funds <u>XX</u>
EXPENSE	S REQUESTED: (OBTAIN RE	CEIPTS FOR ALL INCURRED EX	XPENSES)
	APPROX. COST	BUDGET CODE	
Registration	<u>\$680</u>	850-00-100-340	00-280-6892
Transportation	on <u>\$1,992</u>	Student Responsib	<u>pility</u>
Meals	<u>\$800</u>	Student Responsib	<u>oility</u>
Lodging	<u>\$1,125</u>	Student Responsib	oility

Substitutes	<u>\$217</u>

530-00-100-3400-280-6113

TOTAL **\$4,597**

WILL THE DISTRI IF SO, SOURCE &	ICT RECEIVE REIMBURSEMENT? N/A AMOUNTS:	
HOW ARE CHAPE	ERONE EXPENSES PAID? <u>Club Funds</u>	
COST TO EACH S	TUDENT \$ <u>\$500</u>	
HOW IS THIS TR PROVISIONS)?	AVEL MADE AVAILABLE TO ALL ELIGIBLE ST	TUDENTS (LOW FAMILY INCOME
FUNDING SOURC	EE(S):	
FUNDRAISING AC	CTIVITIES PLANNED (If applicable):	
SUBMITTED BY:	Signature	
APPROVED BY:	Mhlwl Rog S Principal/Supervisor	
	Associate Superintendent/Superintendent	
	resociate superimendent superimendent	Date