

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: IRHS

ESTIMATED NUMBER OF STUDENTS: 16

NAME OF SCHOOL GROUP/CLUB/ENTITY: Girl's Volleyball Team

STAFF ADVISOR(S)/CHAPERONES: Bill Lang (Head Coach); Ashleigh Houlton, Chelsea Crane, Cheryl Wojdyla

ABSENCE: # Days 3 Sub Required: ☒ Yes ☐ No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: 2019 NIKE Durango Fall Classic

DESTINATION OF TRAVEL: Las Vegas, NV

DATES OF TRAVEL: 9/19/2019 - 9/21/2019 (Competition is on 9/20 & 9/21)

ACADEMIC BENEFITS TO STUDENTS: This invitational and related travel is a reward for the team's athletic and academic performance. Players with low grades are not allowed to attend. Athletic activities such as this support the academic mission of the school, where studies show that student-athletes involved in such events tend to have a higher grade-point average, lower dropout rate, and fewer discipline problems than traditional students. The Fall Classic features the top 64 teams in the nation and is an invitation only event. Being one of 64 schools invited to this tournament helps celebrate the success of the volleyball program on and off the court.

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Enterprise Car Rental (District Interscholastics Contract/Vendor)

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>\$ 700.00</u>	<u>526/850-00-100-3400-6892-280-0000</u>
Transportation	<u>\$1,755.00</u>	<u>526/850-00-100-3400-6519-280-0000</u>

Meals	<u>\$1,250.00</u>	<u>526/850-00-100-3400-6892-280-0000</u>
Lodging	<u>\$2,400.00</u>	<u>526/850-00-100-3400-6892-280-0000</u>
Substitutes	<u>\$375.00</u>	<u>001-00-620-1001-6113-280-0000</u>
TOTAL	<u>\$6,480.00</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? In budget, using club funds from fundraising

COST TO EACH STUDENT \$ 0.00 (exception would be personal expenses; tournament shirt, etc)

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? All team members share the fundraising responsibilities. The coaching staff assists with tax credit donations for all families that need assistance.

FUNDING SOURCE(S): Volleyball Tax Credit Monies; Club Funds; Interscholastics

FUNDRAISING ACTIVITIES PLANNED (If applicable):
2019 Volleyball Camps, Varsity Team Sponsorships, Tax Credit Campaign

SUBMITTED BY: _____

Signature

Date

APPROVED BY: _____

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date

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COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL**

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: Academic Decathlon

STAFF ADVISOR(S)/CHAPERONES: Chris and Elethia Yetman

ABSENCE: # Days 4 Sub Required: ☒ Yes ☐ No # of School Days Missed 2

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Rockwall (Texas) Academic Decathlon Scrimmage

DESTINATION OF TRAVEL: Rockwall, Texas

DATES OF TRAVEL: October 24 - 27, 2019

ACADEMIC BENEFITS TO STUDENTS: Academic Competitions

PROPOSED METHOD OF TRANSPORTATION:

☐ District-owned vehicles

Transportation approval: _____

☒ Other Airlines, host school bus

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits xx Club Funds xx
Parent Organization xx

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>0</u>	_____
Transportation	<u>\$4000</u>	<u>850-00-100-1001-6519-282-0000</u>
	<u>\$4000</u>	<u>526-00-100-1001-6519-282-0000</u>
Meals	<u>\$250</u>	<u>850-00-100-1001-6892-282-0000</u>
	<u>\$250</u>	<u>526-00-100-1001-6892-282-0000</u>
Lodging	<u>\$500</u>	<u>850-00-100-1001-6892-282-0000</u>
Substitutes	<u>\$500</u>	<u>850-00-100-1001-6113-282-0000</u>
TOTAL	<u>\$9,500</u>	

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

HOW ARE CHAPERONE EXPENSES PAID? Club Funds

COST TO EACH STUDENT \$ \$500

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

FUNDING SOURCE(S): Tax Credit Donations, Fundraising, Donations

FUNDRAISING ACTIVITIES PLANNED (If applicable):

The travel is necessary for the implementation of the project funding the travel.

SUBMITTED BY: _____

Signature

2/23/19
Date

APPROVED BY: _____

Principal/Supervisor

8/29/19
Date

Associate Superintendent/Superintendent

8/29/19
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): Kevin Baker _____

SCHOOL: IRHS

Department (opt.): _____

DATE(S): October 4-5, 2019

ACTIVITY/EVENT: AP Biology Workshop

LOCATION: Costa Mesa, CA

ABSENCE: # Days 2 Sub Required: ☒ Yes ☐ No

of School Days Missed 1

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$245.00</u>	<u>456-00-100-2210-6360-515-0000</u>
Transportation	<u>\$610.00</u> Mode <u>Air</u>	<u>456-00-100-2210-6582-515-0000</u>
Rental Car	_____	_____
Meals	<u>Self-pay</u>	_____
Lodging	<u>\$122.00</u>	<u>456-00-100-2210-6582-515-0000</u>
Substitutes	<u>\$125.00</u>	<u>456-00-100-2210-6113-515-0000</u>
TOTAL	<u>\$1,102.00</u>	

The District will ☐ (or) will not ☒ receive reimbursement from outside sources.

Purpose of travel: To attend AP Biology Workshop.

Outcomes and academic benefits to students and staff: To learn techniques and strategies to assist in working with advanced and honors students.

The travel is necessary for the implementation of the project funding the travel.

Submitted by: _____

Signature

28 Aug 2019
Date

Principal/Supervisor

8/29/19
Date

Associate Superintendent/Superintendent

8/28/19
Date

**AMPHITHEATER PUBLIC SCHOOLS
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**THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA
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EMPLOYEE(S): Sally Miller _____

SCHOOL: AHS

Department (opt.): REACH

DATE(S): November 7-10, 2019

ACTIVITY/EVENT: National Association for Gifted Children (NAGC) Conference

LOCATION: Albuquerque, NM

ABSENCE: # Days 4 Sub Required: ☐ Yes ☒ No # of School Days Missed 2

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$679.00</u>	<u>100.19.100.2210.6360.281.0000</u>
Transportation	_____ Mode <u>car</u>	<u>driving with another person</u>
Rental Car	_____	_____
Meals	<u>\$157.50</u>	<u>100.20.100.2210.6582.281.0000</u>
Lodging	_____	<u>staying in a room with another attendee</u>
Substitutes	_____	_____
TOTAL	<u>\$836.50</u>	

The District will ☐ (or) will not ☒ receive reimbursement from outside sources.

Purpose of travel: To attend the National Association for Gifted Children (NAGC) Conference

Outcomes and academic benefits to students and staff: Developing/implementing REACH program at AHS; Honors Intern 101/102, REACH Push-IN Cambridge 9, 10, REACH Advocacy 9-12; revising REACH scope and sequence 2019-20 in PLC.

The travel is necessary for the implementation of the project funding the travel.

Submitted by: _____

Signature

082119

Date

Principal/Supervisor

Date

Associate Superintendent/Superintendent

Date