



**GOVERNING BOARD AGENDA ITEM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: **April 28, 2026**

TITLE: **Approval of Out of State Travel**

BACKGROUND:

STAFF

Hillary Kitay requests permission to attend AVID Summer Institute 2026 on June 28-July 1, 2026 in San Diego, California. Approximate cost of travel is \$2,959, and will be paid using Title I funds. No school days will be missed, and no substitutes are required.

Michael McConnell and Mamie Spillane request permission to attend AVID Summer Institute 2026 on June 28-July 1, 2026 in San Diego, California. Approximate cost of travel is \$5,868, and will be paid using Title II funds. No school days will be missed, and no substitutes are required.

STUDENTS

Josh Ronstadt and Kim Ronstadt request permission to take 2 SkillsUSA Construction/Architecture Canyon del Oro students to SkillsUSA National Championships on June 1-6, 2026 in Atlanta, Georgia. Approximate cost of travel is \$8,830.00 and will be paid using CTE, Student Activities, and Tax Credit funds. No school days will be missed, and no substitutes are required.

Jose Robes, Grace Adams, and Jessica Cribbs request permission to take 15 Canyon del Oro Girls Volleyball students to Vegas Classic Tournament on August 27-29, 2026 in Las Vegas, Nevada. Approximate cost of travel is \$4,800.00 and will be paid by the Booster Club. Two school days will be missed, and no substitutes are required.

Shelby Page requests permission to take her daughter, Alivia Page of Canyon del Oro to Future Business Leaders of America's National Leadership Conference/Competition on June 26-July 3, 2026 in San Antonio, Texas. Approximate cost of travel is \$4,469.00 and will be paid using JTED funds. No school days will be missed, and no substitute is required.

Monica Ortiz requests permission to take 1 Canyon del Oro HOSA student to HOSA International Leadership Conference on June 16-21, 2026 in Indianapolis, Indiana. Approximate cost of travel is \$4,750.00 and will be paid using Student Activities, Tax Credit, and JTED funds. No school days will be missed, and no substitute is required.

BUDGET CODE KEY		
100.26.100.2210.6360.111.0000	Title I	Improvement of Instruction, Employee Training, Prince
100.26.100.2210.6582.111.0000	Title I	Improvement of Instruction, Employee Travel, Prince
140.26.100.2579.6360.119.0000	Title II	Training Non-Instructional, Employee Training, Innovation
140.26.100.2579.6360.117.0000	Title II	Training Non-Instructional, Employee Training, Rio Vista
140.26.100.2579.6582.119.0000	Title II	Training Non-Instructional, Employee Travel, Innovation
140.26.100.2579.6582.117.0000	Title II	Training Non-Instructional, Employee Travel, Rio Vista
260.26.318.2190.6892.282.0000	CTE	Other Student Support Services, Student Expenses, CDO
850.00.610.1001.6892.282.0000	Student Activities	Classroom Instruction, Student Expenses, CDO
526.00.610.1001.6892.282.0000	Tax Credit	Classroom Instruction, Student Expenses, CDO
850.00.610.2190.6892.282.0000	Student Activities	Other Student Support Services, Student Expenses, CDO
526.00.610.2190.6892.282.0000	Tax Credit	Other Student Support Services, Student Expenses, CDO
596.00.361.2190.6892.282.0000	JTED	Other Student Support Services, Student Expenses, CDO

RECOMMENDATION:

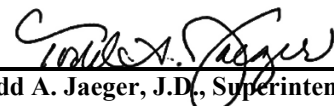
It is the recommendation of the administration that the above travel be approved.

INITIATED BY: _____



Matthew Munger
Associate Superintendent for Secondary Education

Date: April 27, 2026



Todd A. Jaeger, J.D., Superintendent

**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): Hillary Kitay _____

SCHOOL: Prince Elementary
 Department (opt.): _____
 DATE(S): June 28-July 1, 2026

ACTIVITY/EVENT: AVID 2026 Summer Institute

LOCATION: San Diego, CA

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 0

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>\$1099</u>		<u>100.26.100.2210.6361.111.0000</u>
Transportation	<u>\$ 525</u>	Mode <u>air</u>	<u>100.26.100.2210.6582.111.0000</u>
Meals	<u>\$ 285</u>		<u>100.26.100.2210.6582.111.0000</u>
Lodging	<u>\$1050</u>		<u>100.26.100.2210.6582.111.0000</u>
TOTAL	<u>\$2959</u>		

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

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

Purpose of travel: To participate in AVID Summer Institute Professional Development

Outcomes and academic benefits to students and staff: Participants will strengthen their understanding of AVID implementation on their campus, and learn valuable best practices strategies to ensure rigorous implementation toward AVID school side.

Identify which characteristics of the Portrait of Graduate are specifically related to this request.

- | | | |
|---|---|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Citizenship | <input checked="" type="checkbox"/> Collaboration |
| <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking | <input checked="" type="checkbox"/> Critical Thinking |
| <input checked="" type="checkbox"/> Problem-Solving | <input checked="" type="checkbox"/> Scholarship | |

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

Submitted by: _____

Signature

Date

S Doyle
Principal/Supervisor

4/14/26
Date

[Signature]
Associate Superintendent/Superintendent

4/14/26
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): Michael McConnell Mamie Spillane SCHOOL: Innovation/Rio Vista

Department (opt.): _____

DATE(S): June 28-July 1, 2026

ACTIVITY/EVENT: AVID 2026 Summer Institute

LOCATION: San Diego, CA

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 0

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>\$2198</u>		<u>140.26.100.2579.6360.119/117.0000</u>
Transportation	<u>\$1000</u>	Mode <u>air</u>	<u>140.26.100.2579.6582.119/117.0000</u>
Meals	<u>\$ 570</u>		<u>140.26.100.2579.6582.119/117.0000</u>
Lodging	<u>\$2100</u>		<u>140.26.100.2579.6582.119/117.0000</u>
 TOTAL	 <u>\$5,868</u>		

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

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

Purpose of travel: To participate in AVID Summer Institute Professional Development

Outcomes and academic benefits to students and staff: Participants will strengthen their understanding of AVID implementation on their campus, and learn valuable best practices strategies to ensure rigorous implementation toward AVID school side.

Identify which characteristics of the Portrait of Graduate are specifically related to this request.

- | | | |
|---|---|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Citizenship | <input checked="" type="checkbox"/> Collaboration |
| <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking | <input checked="" type="checkbox"/> Critical Thinking |
| <input checked="" type="checkbox"/> Problem-Solving | <input checked="" type="checkbox"/> Scholarship | |

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

Submitted by: *Clay Thatcher* 7/17/26
Signature Date

Principal/Supervisor _____ Date _____
Jessi Call 7/17/26
Associate Superintendent/Superintendent Date

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: CDO

ESTIMATED NUMBER OF STUDENTS: 2

NAME OF SCHOOL GROUP/CLUB/ENTITY: SkillsUSA Construction/ Architecture

STAFF ADVISOR(S)/CHAPERONES: Josh Ronstadt, Kim Ronstadt

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: SkillsUSA National Championships

DESTINATION OF TRAVEL: Hilton Atlanta, 255 Courtland Street NE, Atlanta, GA 30303

DATES OF TRAVEL: 6/1/26-6/6/26

ACADEMIC BENEFITS TO STUDENTS: Students will use their knowledge and skills to compete against students from around the country.

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other Airline Flights

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>\$850.00</u>	<u>260.26.318.2190.6892.282.0000</u>
	<u>\$850.00</u>	<u>850/526.00.610.1001.6892.282.0000</u>
Transportation	<u>\$1,500.00</u>	<u>260.26.318.2190.6892.282.0000</u>
	<u>\$1,100.00</u>	<u>850/526.00.610.2190.6892.282.0000</u>
Meals	<u>\$840.00</u>	<u>260.26.318.2190.6892.282.0000</u>
	<u>self paid</u>	<u>850/526.00.610.2190.6892.282.0000</u>
Lodging	<u>\$1,230.00</u>	<u>260.26.318.2190.6892.282.0000</u>
	<u>\$2,460.00</u>	<u>850/526.00.610.2190.6892.282.0000</u>
Substitutes	<u>N/A</u>	_____

TOTAL

\$8,830.00

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

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$ approx. \$2500

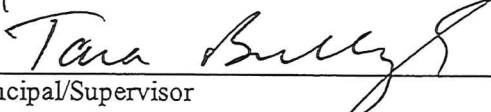
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Tax Credit/Scholarships

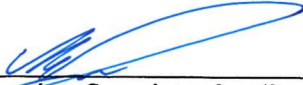
FUNDING SOURCE(S): CTE, Tax Credit, Club

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY:  4/17/2016
Signature /Date

APPROVED BY:  _____
Principal/Supervisor Date

 4/20/2016
Associate Superintendent/Superintendent Date

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: **CDO High School**

ESTIMATED NUMBER OF STUDENTS: 15

NAME OF SCHOOL GROUP/CLUB/ENTITY: **CDO Girls Volleyball**

STAFF ADVISOR(S)/CHAPERONES: **Jose Robles, Grace Adams, Jessica Cribbs**

ABSENCE: # Days 0 Sub Required: Yes No # of School Days Missed 2

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Volleyball Tournament**

DESTINATION OF TRAVEL: **Del Sol High School, 3100 E Patrick Lane Las Vegas, NV**

DATES OF TRAVEL: **August 27-29 2026**

ACADEMIC BENEFITS TO STUDENTS: **competition with competing teams**

Identify which characteristics of the Portrait of Graduate are specifically related to this event.

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Content | <input checked="" type="checkbox"/> Caring | <input type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **1 van rented from Enterprise**

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>\$680.00</u>	<u>Booster Club paid</u>
Transportation	<u>\$700.00</u>	<u>Booster Club paid</u>
Meals	<u>\$675.00</u>	<u>Booster Club paid</u>
Lodging	<u>\$2700.00</u>	<u>Booster Club paid</u>
Substitutes	_____	_____
TOTAL	<u>\$4800.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No

IF SO, SOURCE & AMOUNTS: _____

* PO must be submitted and approved *prior* to travel to qualify for reimbursement.

HOW ARE CHAPERONE EXPENSES PAID? Booster Club


COST TO EACH STUDENT \$ _____

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Costs will be covered with booster club funds


FUNDING SOURCE(S): Booster Club funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY:  4/9/20
Signature Date

APPROVED BY:  4/9/20
Principal/Supervisor Date

 4/22/2020
Associate Superintendent/Superintendent Date

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: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Future Business Leaders of America**

STAFF ADVISOR(S)/CHAPERONES: **Shelby Page- parent**

ABSENCE: # Days 7 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **FBLA - National Leadership Conference / Competition**

DESTINATION OF TRAVEL: **Henry B Gonzalez Convention Center, 900 E Market Street, San Antonio, TX 78205**

DATES OF TRAVEL: **June 26 – July 3, 2026**

ACADEMIC BENEFITS TO STUDENTS: **The National Leadership Conference is the premier conference on FBLA's schedule. Students will compete in competitive events and attend business-oriented workshops.**

Identify which characteristics of the Portrait of Graduate are specifically related to this event.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic Content | <input type="checkbox"/> Caring | <input checked="" type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

PROPOSED METHOD OF TRANSPORTATION:

- District-owned vehicles
Transportation approval: _____
 Other: Airplane

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

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	\$395.00 \$325.00	paid by ADE 596.00.361.2190.6892.282.0000
Transportation	\$600.00 \$600.00	596.00.361.2190.6892.282.0000 596.00.361.2190.6892.282.0000
Meals	\$340.00	Self-paid 596.00.361.2190.6892.282.0000
Lodging	\$702.00 \$1,507.00	paid by ADE 596.00.361.2190.6892.282.0000
Substitutes	N/A	_____
TOTAL	\$4,469.00	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No
 IF SO, SOURCE & AMOUNTS: Parents will pay most of student's expenses.
 **** PO must be submitted and approved prior to travel to qualify for reimbursement.

HOW ARE CHAPERONE EXPENSES PAID? CTE


COST TO EACH STUDENT \$ Student – 0 – Student is a State Officer – ADE Pays Registration and Hotel Student Flight: 250 from Amphi Foundation (or Parent), \$150 from FBLA Club Account \$2,232 Chaperone (does not include food - flight estimated at \$400 RT)

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

FUNDING SOURCE(S): CTE, FBLA Club Tax Credit Account, JTED, Site Council

FUNDRAISING ACTIVITIES PLANNED (If applicable):

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

SUBMITTED BY:  4/27/2026
 Signature Date

APPROVED BY:  4/27/2026
 Principal/Supervisor Date

 4/27/2026
 Associate Superintendent/Superintendent Date

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: CDO

ESTIMATED NUMBER OF STUDENTS: 1

NAME OF SCHOOL GROUP/CLUB/ENTITY: HOSA

STAFF ADVISOR(S)/CHAPERONES: Monica Ortiz

ABSENCE: # Days 6 Sub Required: Yes No # of School Days Missed 0

ACTIVITY / EVENT / PURPOSE OF TRAVEL: HOSA International Leadership Conference

DESTINATION OF TRAVEL: Indianapolis Convention Center and Lucas Oil Stadium, 100 S. Capitol Ave, Indianapolis, IN. 46225

DATES OF TRAVEL: 6/16/2026 – 6/21/2026

ACADEMIC BENEFITS TO STUDENTS: Compete at the International level, Network with peers and Industry professionals from around the world, attend workshops and the HOSA expo for industry exposure and experience.

Identify which characteristics of the Portrait of Graduate are specifically related to this event.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic Content | <input type="checkbox"/> Caring | <input checked="" type="checkbox"/> Citizenship |
| <input checked="" type="checkbox"/> Collaboration | <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Creative Thinking |
| <input checked="" type="checkbox"/> Critical Thinking | <input checked="" type="checkbox"/> Problem-Solving | |

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other flight

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>\$125.00</u>	<u>850/526.00.610.1001.6892.282.0000</u>
	<u>\$125.00</u>	<u>596.00.362.2190.6892.282.0000</u>
Transportation	<u>\$600.00</u>	<u>596.00.362.2190.6892.282.0000</u>
	<u>\$600.00</u>	<u>596.00.362.2190.6892.282.0000</u>
Meals	<u>Self-paid</u>	<u>850/526.00.610.2190.6892.282.0000</u>
	<u>\$300.00</u>	<u>596.00.362.2190.6892.282.0000</u>
Lodging	<u>\$1,500.00</u>	<u>850/526.00.610.2190.6892.282.0000</u>
	<u>\$1,500.00</u>	<u>596.00.362.2190.6892.282.0000</u>
Substitutes	<u>N/A</u>	_____
TOTAL	<u>\$4,750.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? No

IF SO, SOURCE & AMOUNTS: _____

**** PO must be submitted and approved *prior* to travel to qualify for reimbursement.

HOW ARE CHAPERONE EXPENSES PAID? CTE

COST TO EACH STUDENT \$

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? _____

FUNDING SOURCE(S): tax credit, club

FUNDRAISING ACTIVITIES PLANNED (If applicable):

Barnes and Noble, Victory Fundraising

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

SUBMITTED BY: _____

Signature

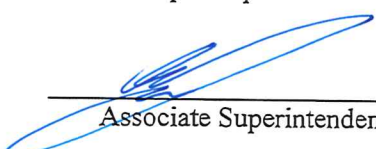
_____ Date

APPROVED BY:  _____

Principal/Supervisor

4/24/2026

_____ Date

 _____
Associate Superintendent/Supervisor

4/27/2026
Date