

Request for Above-District Travel Funds

Requisition # _____



Argyle Independent School District

(Must accompany all P.O. bus requests and trip requests, which are above district level expenses.)

Campus: _____

Sponsor: _____

Event: _____

Location: _____

Note: District policy states that an Above-District event is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds.

Below is information supporting the Above-District request.

Qualifying Group: _____

Qualifying Event: _____

Date Qualified: _____

Qualifying students/events: Attach list of qualified students and specific events qualified for.

Approval for Trip:

Sponsor: _____ **Date:** _____

Director/Coordinator: _____ **Date:** _____

Principal: _____ **Date:** _____

Asst. Superintendent: _____ **Date:** _____