

Argyle Independent School District Sponsor/Student Travel Request

Date: _____

Requ. Number: _____

No Advance To Sponsors On One-Day Trips To Be Approved 15 Days Prior To Trip

Sponsor: _____

Campus/Department _____

Purpose: _____
(Group/Class) (Event)

Above District? _____

Destination: _____

City: _____

Date

Time

Departure: _____

**"Mandatory"
Emergency Phone Number:**

Return: _____

Check applicable box:

	AISD Vehicle	Private Vehicle	Lease Vehicle
Sponsors			
Students			

Number of Rooms	Number of Meals	Number of Males	Number of Females

List of Students Mandatory

Cash Advance Requested:

Approval for Trip:

Meals: \$ _____

Sponsor: _____ Date: _____

Other: \$ _____

Director: _____ Date: _____

Principal: _____ Date: _____

Asst. Supt.: _____ Date: _____

Account Code to be Charged:

Amount

_____ - 6411 - _____

\$ _____

_____ - 6411 - _____

\$ _____

To Be Completed Within 5 Days After Trip

Total of attached expense report: \$ _____

Reimbursement Record

Less advance received above: \$ _____

Date: _____ Check #: _____

Amount due: _____ Sponsor _____ AISD \$ _____

Received \$ _____ Cash _____

Employee Date

Principal/ Director Date

Finance Officer: Date