

Aspermont Independent School District
Travel Approval Form

Name: _____

Campus: _____

Place of Meeting: _____

City

Location

Purpose: _____

Date Begin Travel: _____

Time Begin: _____

Date End Travel: _____

Time End: _____

Fees & Dues: _____

Please circle expenses needed for travel:

School Auto

Hotel

Meals

Personal Vehicle

Campus Principal: Approved

Superintendent: Approved

Disapproved

Disapproved

Budget Code: _____