Aberdeen School District

P.O. Box 607 | Aberdeen, MS 39730 | (662) 369-4682

Dr. Andrea Pastchal-Smith, Superintendent

Field Trip Request How does this trip relate to the curriculum? **Date Submitted Teacher Name** School E-Mail Address Phone **Department (if applicable)** Trip To **Departure Date Return Date Purpose of Travel Total Expenses** \$ **Approved By Approved:Principal Date Approved** Approved:Superintendent **Date Signed**

Anticipated Expenses				
Type of Expense	Description of Expense	Expenses	QTY	Total Expenses
				\$
				\$
				\$
				\$
				\$
				\$
		Grand Total		\$