



Simpson County School District
Day Trip Request Form

Employee Name (s):

Two horizontal lines for employee name input.

School: _____

Date of Trip: _____ Destination: _____

Trip/Name of Workshop: _____

Items Needing Funding:

Registration Fees: _____

Mileage: _____

Other (Specify): _____

Substitute Teacher Needed: Yes No

Funding Source Requested: (Must be completed)

Federal Funds Funding Code 900 -- --

District Funds Funding Code 900 -- --

Special Services Funding Code 900 -- --

Vocational Funding Code 900 -- --

Other Funding Code 900 -- --

Principal/Director's Approval: _____

Funding Source Approval: _____

Superintendent's Approval: _____