Overnight Trip/Conference Request Form

**SUBMIT ONE FORM PER TRIP**

 ***(Out-of-State Trips need Board Approval)***

**Trip Information**

|  |  |
| --- | --- |
| **Today’s Date** |  |
| **Name of Conference or Team EVENT** |  |
| **City/State** |  |
| **Dates of Trip/Conference** (include travel days) |  |
| **Number of Nights** |  |
| **Names of Teachers/Coaches Traveling** |  |
| **Number of Students Traveling** |  |

**Hotel Information**

|  |  |
| --- | --- |
| **Total number of rooms** |  |
| **Type of rooms**(Single/King, Double/2 queens or other) |  |
| **1st Choice – Hotel Information** (include address and phone number) |  |
| **Rate**(include % tax & additional fees) |  |
| **2nd Choice – Hotel Information** (include address and phone number) |  |
| **Rate**(include % tax & additional fees) |  |
| **name of Funding Source & Tyler** **munis NUMBER** |  |
|  |  |
| **Mode of Travel** (Auto, Bus, Air – **if airline is needed please complete section below)** |  |

**Airline Information**

|  |  |
| --- | --- |
| **airline & Flight no.** |  |
| **departing date** |  |
| **return date** |  |
| **cost of flight** |  |
| **baggage or other fees** |  |
| **name of employees/students as it appears on calif. driver’s license or school id** |  |
| **date of birth** |  |

Other arrangements such as Amtrak and rental cars are to be made by employee. Reimbursement will be made upon submission of personal expense statement. District vehicles are to be reserved through Transportation on the District’s Student Trip Request form.

***For Area Office Use:***

|  |  |
| --- | --- |
| **CREDIT CARD AUTHORIZATION FORM** |  |
| **CANCELLATION POLICY** |  |
| **CONFIRMATION NO.** |  |
| **PARKING FEE** |  |
| **COMPLIMENTARY BREAKFAST** |  |
| **ROOM LIST NEEDED** |  |
| **BOARD APPROVAL (Overnight/Out of state)** |  |