

Overnight Trip (Staff/Students)
****Submit one form per trip ****
Must be received 30 days prior to travel

Site Contact Name:	Phone No.:
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Today's Date:

Name of Trip/Conference:

City/State Traveling to:

Dates of Trip/Conference (include travel days):

Number of Nights:

NOTE: Conference request for **Out Of State** trip submitted with trip request for board approval yes

Names of Teachers/Coaches Traveling:

Number of Students Traveling: 0

Specific Hotel (include address, phone number (or website) and rate quoted):

Hotel 1:	Hotel 2:	Hotel 3:
Rate 1:	Rate 2:	Rate 3:

Total Number of Rooms: **Single Rooms** **Double Rooms**

PLEASE INCLUDE BUS DRIVER ROOM IF APPLICABLE

Please attach room lists for students/teachers/coaches.

Mode of Travel? Auto Bus Air Rental Car

IF AIR TRAVEL NEEDED: PLEASE ATTACH LIST WITH NAMES OF TRAVELERS-MUST BE THEIR LEGAL NAME SHOWN ON DRIVERS LICENSE OR IDENTIFICATION, BIRTHDATE AND HOME PHONE NUMBER.

Airline: Departure Info. (date & time): Return Info. (date & time):

Rate Quoted:

ADDITIONAL INFORMATION (AS NEEDED):

Tyler Funding Source:	Purchase Order No.:
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For Area Office Use Only

Board Approved:

Hotel Contact Name:

Phone No.

Incomplete forms will not be processed ☺