

TRIP APPROVAL FORM

Name(s): _____ Date: _____

Event: _____

Event Location: _____ Event Date: _____

Type of Event: ___ Academic ___ Activity ___ Athletic ___ PD ___ Reward/Incentive

Registration/Payment Is registration required? ___ Yes ___ No If yes, attach registration form. Is there a cost? ___ Yes ___ No Cost _____ Deadline for Payment _____		# of People Attending # of adults attending _____ # of students attending _____ Please attach roster of attendees to Trip Approval Form.		Special Circumstances or Accommodations (Medical or Travel)	
Approved: <input type="radio"/> Yes <input type="radio"/> No			Account Code		
Principal's/Supervisor's Signature			Date		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Approved: <input type="radio"/> Yes <input type="radio"/> No		
Special Programs	Curriculum	Transportation	Superintendent's Signature		Date

TRANSPORTATION REQUEST

HOTEL REQUEST

The Central Office will make ALL reservations.

Is transportation needed? ___ Yes ___ No Departure Time _____ Approximate Return Time _____ Type of Vehicle Requested ___ Passenger Van ___ Bus ___ Other (Please specify.) _____ Number of Vehicles Needed _____ Do you need drivers? ___ Yes ___ No	Are hotel reservations needed? ___ Yes ___ No Hotel Name _____ City _____ Phone Number _____ Check-In Date _____ Check-Out Date _____ Number of Rooms Needed _____ Type of Room Requested: ___ Double ___ King
Central Office Use Only Approved: <input type="radio"/> Yes <input type="radio"/> No Comments:	Central Office Use Only Hotel Confirmation Number _____ _____ Vendor Number _____ Daily Rate _____