

# Travel Reservation Form

Travel Reservation Form shall be submitted with Requisition and Out of State/ Overnight/ Out of Country Travel Form. Before any travel arrangements can be made, the Superintendent's Office must have a Purchase Order and your travel must have been Board approved.

## Hotel Reservations:

Has your trip request been Board Approved? YES or NO Date of Approval: \_\_\_\_\_

PO Number: \_\_\_\_\_ Name(s) of Guests: \_\_\_\_\_

Purpose of Travel (Name of Event): \_\_\_\_\_

Name of Hotel: \_\_\_\_\_ Hotel Phone Number: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

Is this hotel hosting the event? YES or No Bed Type: 1 King or 2 Queens/Double

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Number of Guests Per Room: \_\_\_\_\_ Shuttle Availability: Yes or No

If so, please specify instructions for shuttle travel needed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Please ensure that all information is filled out completely and accurately to ensure reservations are placed as needed.  
Please attach any documentation that may assist us in booking your reservations.

## Airline Requests:

Has your trip request been Board Approved? YES or NO Date of Approval: \_\_\_\_\_

P.O. Number: \_\_\_\_\_ Seat Preference: Window / Aisle / Middle / No Preference

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ a.m. or p.m.

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ a.m. or p.m.

Departing from (city): \_\_\_\_\_ Airport Name: \_\_\_\_\_

Arriving in (city): \_\_\_\_\_ Airport Name: \_\_\_\_\_

Complete Names of Travelers as they are printed on Government Issued I.D. :  
(Please list on a separate sheet if needed)

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Please ensure that all information is filled out completely and accurately to ensure reservations are placed as needed.  
Please attach any documentation that may assist us in booking your reservations.