

TRAVEL REQUEST FORM

TRIP SUPERVISOR:

Name: _____

Cell Phone Number: _____

Name of District Employee(s)/Date of Birth traveling to the event (as it appears on their driver's license)

VEHICLE REQUESTED: District Car SUV Rental Car Private Vehicle (Make, Model, VIN number)

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

*AIRLINE INFORMATION

Departing Airport: SGU LAS Non-stop One Stop

What airline is preferred and time of travel Morning Mid-day Evening

First Choice: _____

Second Choice: _____

Third Choice: _____

**HOTEL INFORMATION

First Choice: _____

Second Choice: _____

Third Choice: _____

Account to be billed: _____

Reason for Travel (State meeting/training or conference. Attach conference information)

TRIP EXPENSES:

Total Cost of Trip _____

Registration _____

Flight _____

Hotel/Parking _____

Food Per Diem _____

Mileage Per Diem _____

Other _____

* If cost of airline tickets are over \$1,000, the same bid process will need to be used as in acquiring hotel rooms. Please attach bids to this request.

**Per Admin. Letter #25, If the hotel is not a direct bill, offer a state rate, or is more than \$115.00 per night and the total amount of the hotel room(s) is greater than \$1,000.00, two oral bids must be obtained and attached to the travel request. When the amount of lodging for a room(s) exceeds \$5,000.00, three oral bids are required and must be attached to the travel request. Please attach bids to this request.

Please attach WCSD Documentation Form - Per Diem & Mileage