TRAVEL RESERVATION REQUEST



	Traveler's Date of Birth:					
Date:	(MM/DD/YYYY)	Male	Female		Edith William District Travel Contac	
					Phone: 281 498-8110 ext. 2917	
Traveler's Name	e: Possible denied boarding	f name is incorrect fror	n Govt. issued p	photo ID.	Fax: 281 498-405 Edith.Williams@aliefisd.ne	
Last Name:			(If 2 la	st names, put in correct c	order)	
First Name:			First checked baggage fee will be reimbursed upon presenting receipts. Overweight/Excess baggage fees will not be reimbursed.			
Middle Name:				Please refer to the travel	guidelines outlined in the Out-Of-District olicies and Procedures.	
Employee ID#: School/Dept.:						
Contact Person	·				nd understand these terms.	
				Traveler's in	itial	
<u>вииget code</u>						
	DI	EPARTURE TRAVEL	NFORMATIO)N		
Destination and	Conference Name:					
Airport Departi	ng From:	Ca	rrier:	Fligh	t#:	
Departure Date	Departure Date: Exact Departure Time:					
Special Instruct	ions:					
		RETURN TRAVEL IN	FORMATION			
Airport Returnii	ng To:	Carı	ier:	Flight	#:	
Arrival Date:	ival Date: Exact Departure Time:					
		CAR RENTAL INFO	ORMATION			
Per District Trave	l Policy – Since car rentals are	e very costly, travelers	SHOULD NOT re	equest car rentals un	less necessary for	
	s due to limitations on availa	•		•		
	ly be allowed with prior Area		= =		= = = = = = = = = = = = = = = = = = =	
	se. In order to maintain the l Dr. Veloz-Powell; for all other		s must use car r	ental agencies arran	ged by your contact	
-	OR APPROVAL ON SHORT LEA		RSEMENT.			
	e completed request form, along with			t information to Edith Wil	liams in Business Department.	
Travel Signature:			Date:			
Principal Signature:			Date:			