Student Overnight Travel-Form 232

Link to Administrative Letter 25

Trip#_____

Person who will be staying @ Hotel_____ Group staying at hotel_____

Name of Hotel_____ City of Hotel _____

Date(s) you will be staying_____

Number of rooms reserved_____ Number of nights reserved_____ Cost per night $_____

Total Cost $_____

Approved Utah Hotel List-Click Here

Approved Area Rate $_____

Is the hotel on the WCSD approved hotel list: Yes ☐ No ☐

Prior approval from Travel Auditor attached (if needed): Yes ☐ No ☐

Payment Type:

- ☐ Direct Bill
- ☐ Travel Auditor Credit Card
- ☐ P Card
- ☐ School credit card

Competitive Bids:

Hotel Name_____

Cost per night $_____

Hotel Name_____

Cost per Night $_____

Will the Trip be split with other Departments/Schools? Yes ☐ No ☐

List all Department/schools Involved	Account Numbers to be billed
_____	_____
_____	_____
_____	_____
_____	_____

Name of secretary submitting request: _____

Phone #/Extension_____ Email_____

Direct Bill Instructions: PLEASE EMAIL A COPY OF THE HOTEL ROOM FOLIO(S) TO: wcsd_directbill@washk12.org

Travel Auditor Credit Card Instructions: PLEASE EMAIL A COPY OF THE HOTEL ROOM FOLIO(S) TO: kristine.hirschi@washk12.org.