

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 \$ _____

[In state Hotel list-Click Here](#)

State Rate for area \$ _____

Approved WCSD Rate for area \$ _____

Is the hotel on the state approved hotel list: Yes No

Supporting documentation 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 or No

List all Department/schools Involved

Account Numbers to be billed

Name of secretary submitting request: _____

Phone #/Extension _____ Email _____

Direct Bill Instructions: PLEASE EITHER SEND A PAPER COPY OF THE HOTEL ROOM FOLIO(S) OR EMAIL TO: Tricia Lawrence, District Office A/C Payable or Email: wcsd_accountspayable@washk12.org

Travel Auditor Credit Card Instructions: PLEASE EITHER SEND A PAPER COPY OF THE HOTEL ROOM FOLIO(S) OR EMAIL Sharleen.hammer@washk12.org