

# 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:**

**Competitive Bids:**

Direct Bill

Hotel Name \_\_\_\_\_

Travel Auditor Credit Card

Cost per night \$ \_\_\_\_\_

P Card

Hotel Name \_\_\_\_\_

School credit card

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: terra.barnes@washk12.org.**

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