

BOOKER INDEPENDENT SCHOOL DISTRICT

Lodging Request

Name: _____

Destination: _____

Purpose of Trip: _____

Reservation Dates: _____ Room Rate: _____

Name of Establishment: _____ No. Nights _____

Room type: _____ Conf. #: _____
(Number of beds, bed size, smoking/non-smoking, special needs)

Please list persons staying in room (attach a list of students for group activities):

TOTAL CHARGES (estimated) \$ _____

Please attach any conformations, website invoices or receipts

When individually making reservations:

- Please use school credit card to reserve and pay for room charges.
- Please use a tax exempt form. Forms are available at the administration office.
- Please insure no state taxes are applied to the bill.
- Please acquire a receipt upon check out and submit to the administration office.

I certify that the above expenses to be correct and incurred by me in performance of my official duties and in accordance with travel policies of Booker Independent School District as approved by the Board of Trustees.

Budget Code: _____

Employee Signature: _____ Date _____

Approval of Principal: _____ Date _____

Approval of Superintendent: _____ Date _____

Revised 8/12/15

Please print on GREEN paper only.