

Admin Signature _____

Today's date _____
Must be submitted 14 days prior to travel date.

BUS Travel Request Form

Submit to: Kaile Calder

Bus # buses _____ Charter Bus # buses _____

Person Making Request: _____ Cell Phone # _____

Destination: _____
City/State *Location of Activity*

Purpose of Trip: _____ Date & Time Event Starts: _____

<i>Depart Location</i>	<i>Date</i>	<i>Time</i>	<i>Arrival Location</i>	<i>Time</i>

**** Please note that itineraries are now required prior to booking all overnight student travel. All of the bus driver & students' time must be accounted for****

District # or HHS Account Name (If unsure check with Daniel:) _____

Students _____ (1 bus holds 52 adults)

#Adults/Chaperones: _____

NAMES OF ADULTS/CHAPERONES:

See back for Hotel Info:

+ HOTEL LIST *(select Hotel List for approved hotels)*

HHS Hotel Reservation Request

Total hotel rooms needed # **(PLEASE INCLUDE BUS DRIVER(S))**

Double Queen rooms needed # King rooms needed #

Date(s) you need a hotel:

of nights:

Do you have a hotel preference?

Address/City for hotel preference:

District # or Account Name *(how rooms are being paid)*:

Hotel

Hotel Address

Hotel Phone #

Confirmation # Room Rate \$
