

# REQUEST FOR SISD TRAVEL RESERVATIONS STUDENTS

**(Fill in information electronically, print, get required signatures, scan and e-mail to Travel Coordinator)**

Budget Code (One form per budget code) \_\_\_\_\_ Budget Manager's Name \_\_\_\_\_ x Budget Manager's Signature \_\_\_\_\_  
 Originator's Name (Print) \_\_\_\_\_ Ext \_\_\_\_\_ Supervisor/Principal's Name \_\_\_\_\_ x Supervisor/Principal Signature \_\_\_\_\_  
 (If other than Budget Manager)

Department/School \_\_\_\_\_  
 Procedures are listed in SISD Travel Reservation Directions (SISD website) under Procurement Services. Failure to read and follow procedures will not negate traveler's responsibilities. All forms should be submitted at the same time.

**\*Traveler's name must be the same as listed on photo identification. Signature of traveler(s) required for reservations.**

First Name*	Middle Name*	Last Name*	Male/Female*	Birth Date*	Cell Phone	Traveler Signature
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____

(Use additional form for more names) **\*(Required by Airlines)**

**Travel Itinerary:** Event Day/Date \_\_\_\_\_ Time: \_\_\_\_\_ City/State \_\_\_\_\_  
 Name of Event \_\_\_\_\_ (Attach copy of brochure/itinerary)

**Seating Preferences:** Seating: (check one) Aisle \_\_\_\_\_ Window \_\_\_\_\_ No preference \_\_\_\_\_

**Earliest time available to travel to destination** \_\_\_\_\_

Day/Date	Departing City/Airport	Destination City/Airport	Desired Arrival Time
	Houston / IAH		

**Earliest time available to book return trip** \_\_\_\_\_

Day/Date	Departing City/Airport	Destination City/Airport	Desired Arrival Time
		Houston / IAH	

**Note:** Attach the field trip form signed by all necessary parties, if making a hotel reservation attach the room arrangements, please allow 72 hours turnaround.

**Hotel** No Yes Number of rooms needed *(when appropriate students will share rooms)*

**\*\*\*\*\*Room reservations will be guaranteed only. Staff members must pay for the room.\*\*\*\*\***

City	Hotel Preference	Hotel Telephone	Date In	Date Out

**Code if hotel has special conference rate**

**Note:** Airline tickets will be reserved in the name of the person(s) listed above. **Tickets cannot be transferred to another person.** Any changes/cancellations **MUST** be submitted on the Change/Cancellation Form and signed by traveler, their supervisor, and Cabinet, and returned to campus/department (changes will increase the cost of the ticket by \$200.00). **If approval is not granted by Cabinet, traveler is personally liable for all travel related charges.**

Send, with attachments to [Travel@springisd.org](mailto:Travel@springisd.org) - Travel Coordinator (Procurement Services) or FAX to 281-891-6466.

Travel Desk – e-mail [Travel@springisd.org](mailto:Travel@springisd.org)