REQUEST FOR SISD TRAVEL RESERVATIONS

(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	

Rental Car No☐Yes☐ Van☐Qyt ___ Car☐Qty ___ Pick Up Date: _____ Drop off Date _____

SISD carries auto insurance; do not sign for additional insurance coverage when renting the car.

*******Payment for rental must be paid for by staff member at time of vehicle drop off. *******

Driver must have valid driver's license and major credit card.

Hotel No Yes Number of rooms needed _____ ***(when appropriate staff 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/cancelations **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 Kay Wurdeman - Travel Coordinator (Procurement Services) or FAX to 281-891-6466.

Travel Desk – 281-891-6472 or e-mail kayw@springisd.org

Revised 1/30/2020