



SPRING INDEPENDENT SCHOOL DISTRICT

TRAVEL CHANGE/CANCELLATION FORM

Cancel Travel

Change Travel

Department/School: _____

Travelers Name: _____

Travel Date: _____ Destination: _____

Hotel Name: _____ Confirmation Number: _____

Car Rental Company: _____ Confirmation Number: _____

Airline: _____ Flight Number: _____

Reason for change/cancellation: _____

REQUIRED SIGNATURES

Traveler Signature/Date: _____

Supervisor Signature/Date: _____ APPROVED NOT APPROVED

SLT Signature/Date: _____ APPROVED NOT APPROVED

****Please return to Travel Department****

NOTE: If approval is not granted by SLT, traveler is personally liable for any fees associated with cancellation.