

DATE_____

**LSR7 ATHLETIC and ACTIVITIES Travel Request
MUST BE SUBMITTED WITHIN 6 WEEKS OF TRAVEL DATE**

COACH/SPONSOR_____LOCATION_____BUDGET MGNR_____

NAME OF EVENT_____LOCATION_____

EVENT DATES_____DEPARTURE_____RETURN DATE_____

COMPLETE THE FOLLOWING AND ATTACH REQUESTED DOCUMENTATION. TRAVEL ARRANGEMENTS ARE MADE AND PAID THROUGH BUSINESS SERVICES AND CONFIRMATION WILL BE SENT AFTER TRAVEL IS SECURED.

***ACTIVITIES ONLY ATTACH PAID REGISTRATION** COST_____CODE_____

***LODGING-#ROOMS_____# OF STUDENT_____#STAFF_____** COST_____CODE_____

REQUESTED TYPE_____DOUBLE QUEENS_____KINGS (?)

IF YOU HAVE PREFERRED HOTEL(S) LIST 2 OR 3_____

BUSINESS SERVICES WILL WORK TO SECURE THE PREFERRED HOTEL OR OBTAIN A SIMILAR HOTEL

***MEALS - COACHES/SPONSORS PAY FOR MEALS WITH PURCHASING CARD** COST_____CODE_____

***RENTAL CAR? NO___YES___**

OF VEHICLES_____TYPE(S) OF VEHICLE_____ COST_____CODE_____

SCHOOL BUS_____CHARTER BUS_____

BUSINESS SERVICES DOES NOT BOOK SCHOOL BUSES OR CHARTER BUSES. CHARTER BUS FORMS ARE IN GOOGLE DRIVE UNDER TRANSPORTATION. EMAIL STAFFTRANS@LSR7.NET FOR BOOKING SCHOOL BUSES.

***AIRFARE? NO___YES___** IF YES, PLEASE COMPLETE BACK OF SHEET

DATE_____

FOR BUSINESS SERVICES ONLY

COACH/SPONSOR SIGNATURE

DATE_____

AD/PRINCIPAL SIGNATURE

DATE_____

DISTRICT AD SIGNATURE

AIR TRANSPORTATION INFORMATION

FULL NAME AS APPEARS ON ID, DOB, MALE OR FEMALE
(MAY ATTACH PREFERRED FLIGHT FOR REFERENCE)

LEGAL NAME

DOB

M OR F

FOR BUSINESS SERVICES OFFICE ONLY