

**LINDALE INDEPENDENT SCHOOL DISTRICT**

**Pre-Travel Employee Hotel Approval Form**

Traveler \_\_\_\_\_ Campus \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Destination of Travel \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time: \_\_\_\_\_

**LODGING PRE-APPROVAL (Remit receipts upon return)**

Additional Employees in Lodging \_\_\_\_\_

Hotel Name \_\_\_\_\_

Is this a conference hotel?

Hotel Address \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

***Attach conference brochure***

Nights	Rooms	Room Rate	Total
Sub-Total			
*City Tax (enter as decimal i.e. .08)			
Parking			
Total Hotel Charges			

**\*CALL HOTEL**

Submitted by \_\_\_\_\_

Budget Code \_\_\_\_\_

Date Requested \_\_\_\_\_

Business Office Approval \_\_\_\_\_

Principal or Department Director Approval \_\_\_\_\_

Director of Finance Approval \_\_\_\_\_

Revised 02/18