

OVERNIGHT TRAVEL REQUEST FORM

Submit this request for administrative review before making overnight travel arrangements.

REQUEST INFORMATION

School Name	Coach/Sponsor Name
Team / Sport / Program	Contact Phone Number

TRIP DETAILS

Purpose of Trip	Event / Competition
Date of Departure	Date of Return
Departure From	Destination Location (City, State)

FINANCIAL INFORMATION

Estimated Cost per Student	Total Estimated Cost for Team / Program
Funding Source	Funding Details / Account Information

TRAVEL AND LODGING

Transportation Method(s)	Transportation Provider / Details
Hotel / Lodging Name	Number of Rooms Needed
Hotel / Lodging Address	Rationale for selecting this lodging option (Consider proximity to event, pricing, quality of facilities, and pricing)
Chaperone / Coach Lodging Arrangements	

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SUPERVISION AND SAFETY

Names of Supervising Staff / Chaperones

Emergency Contact Information for the Trip

Safety Protocols / Action Plan in Place

ADMINISTRATIVE APPROVAL

For School Board / Administration Use Only

Approval Status

Approved / Not Approved

Date of Approval

Administrator Name / Title

Administrator Signature

Comments / Conditions of Approval

Form completed electronically. Save a copy for department records after approval.