

HOTEL REQUEST FOR CHECK 2018 – 2019

Date Needed _____
____ Will Pick Up Check
____ Send Check to my Campus

Responsible Teacher: _____

Purpose of Trip: _____

Check in Date: _____ Check out Date: _____

Hotel Name: _____ Confirmation #: _____

Address: _____

Telephone #: _____

*****PLEASE ATTACH HOTEL CONFIRMATION*****

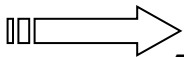
*****PLEASE ATTACH LIST OF ALL GUESTS*****

- Reimbursed at \$85 per night for 1 person when sharing a room with other employees; \$100 per night when staying alone in a room.
- Employee should always request the state rate when making a reservation.
- Employee should always take a hotel tax exempt certificate with them; WISD pays no State and/or Occupancy Tax.

TEACHER/EMPLOYEE: # of Rooms: _____ x # of nights _____ x rate \$ _____ = \$ _____
Teacher Budget Code: _____ - _____ - 6411 - _____ - _____ - 9 _____

STUDENT(s): # of Rooms: _____ x # of nights _____ x rate \$ _____ = \$ _____
Student Budget Code: _____ - _____ - 6412 - _____ - _____ - 9 _____

Check will be made payable to the hotel. TOTAL AMOUNT DUE \$ _____



**RECEIPT SHOWING FINAL AMOUNT PAID and
ALL UNUSED FUNDS SHOULD BE RETURNED TO THE BUSINESS OFFICE**

I certify that the above request is true and correct: _____ (employee signature)

ADMINISTRATOR APPROVAL:
Principal: _____ Business Manager: _____