PR0003
Rev. 9/26

DISTRICT TRIP AUTHORIZATION

Purchasing Department • Lincoln Public Schools

Travel Plan Number: _____

Contact Name: _____

FOR TRAVEL ARRANGEMENTS TO BE MADE, A TRAVEL PLAN MUST BE SUBMITTED IN EXPENSE MANAGEMENT (XM).

****IN ADDITION, THIS FORM MUST BE COMPLETED (save completed form as PDF) and ATTACHED TO THE TRAVEL PLAN)****

Fill in **ALL** the requested information. Persons on this form must all have the same travel dates and flights.

CONFERENCE: Title, Location, ID, Member ID: _____

Registration completed: ❑ Yes ❑ No ❑ N/A or Free

If yes is checked, please attach registration confirmation. If no is checked and registration needs to be completed, please attach all registration information, including log in info(if applicable) to do so.

Registration Price Per Person: _____ Registration Price Total: _____

HOTEL INFORMATION

Preferred Hotel (include address): _____ Number of Rooms: _____

Hotel Check in Date: _____ Hotel Check Out Date: _____ Conference/Regular Rate: _____

Hotel Guest Name(s): _____

(if more than one room and more than one person per room, please attach a rooming list that includes first and last names)

FLIGHT INFORMATION

Departure Airline/Time/Flight No.: _____ Return Airline/Time/Flight No.: _____

Departure City: _____ Arrival City: _____

Departure Date: _____ Return Date: _____

****Must provide full legal name as shown on gov't issued ID being used for flights****

(Use additional page for more travelers. Please make sure all info is legible)

LEGAL NAME (EXACTLY as appears on gov't issued ID): _____

DATE OF BIRTH: _____ Seat preference (not guaranteed): ❑ Aisle ❑ Window ❑ Center

GENDER: ❑ M ❑ F TSA/Known Traveler Number: _____

LEGAL NAME (EXACTLY as appears on gov't issued ID): _____

DATE OF BIRTH: _____ Seat preference (not guaranteed): ❑ Aisle ❑ Window ❑ Center

GENDER: ❑ M ❑ F TSA/Known Traveler Number: _____

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SHUTTLE/RENTAL VEHICLE

Airport Shuttle to/from hotel (if needed/not using ride share services) ❑ Yes ❑ No Cost: _____

Vehicle Rental needed: ❑ Yes ❑ No (If yes, provide the following info) Type of vehicle (car/minivan/SUV): _____

Driver's Legal Name (must be 25 or older): _____ Cell Number: _____

Pickup Date/Time: _____ Return Date/Time: _____

Transporting students: ❑ Yes ❑ No **IF** transporting students has transportation training been completed ❑ Yes ❑ No

******Per federal rule maximum # of occupants can not exceed 10 including the driver******

TRAVEL CARD/ACCOUNT INFO

Travel Card Requested: ❑ Yes ❑ No If yes , Pickup date/person _____ Card return date: _____

Full LPS account number to charge travel arrangements to: _____