

DISTRICT TRIP AUTHORIZATION
Purchasing Department
Lincoln Public Schools

Travel Plan Number: _____

Contact Name: _____

FILL THIS OUT IMMEDIATELY FOR TRAVEL RESERVATIONS TO BE MADE
YOU MUST ALSO FILL OUT THE TRAVEL PLAN ON EXPENSE MANAGEMENT (XM)

Fill in **all** the requested information. Persons on this form must all have the same travel dates and flights.
Use form AC0029 for expenses to be reimbursed. Return completed form to **purchasing@lps.org**

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

TRAVELER INFORMATION

Registration completed: ☐ Yes ☐ No **Please attach all registration information to this form.**

Registration Price per Person: _____ Registration Price Total: _____

HOTEL INFORMATION

Requested hotel: _____ Number of rooms: _____

Check in: _____ Check Out: _____ Conference Rate: _____

Resort Fees: _____ Deposit Due: _____ Tax Info (Exempt only in NE & MO): _____

Additional Guest Names: _____ ATTACH DETAILED ROOMING LIST

FLIGHT INFORMATION

Requested flight number: _____

Departure City: _____ Arrival City: _____

Departure Date: _____ Return Date: _____

Ticket issued to: (Fill in full legal names; for more names, use other side or extra page)

LEGAL NAME: _____

DATE OF BIRTH: _____

GENDER: ☐ M ☐ F

Seat request (this is not guaranteed):

☐ Aisle ☐ Window ☐ Center

TSA Number: _____

LEGAL NAME: _____

DATE OF BIRTH: _____

GENDER: ☐ M ☐ F

Seat request (this is not guaranteed):

☐ Aisle ☐ Window ☐ Center

TSA Number: _____

LEGAL NAME: _____

DATE OF BIRTH: _____

GENDER: ☐ M ☐ F

Seat request (this is not guaranteed):

☐ Aisle ☐ Window ☐ Center

TSA Number: _____

LEGAL NAME: _____

DATE OF BIRTH: _____

GENDER: ☐ M ☐ F

Seat request (this is not guaranteed):

☐ Aisle ☐ Window ☐ Center

TSA Number: _____

Airport Shuttle Cost Total: _____

PAYMENT INFORMATION

Total cost for all travelers: _____

Account Number(s) and cost allocation: _____

PURCHASING USE ONLY

Registration completed by: ☐ Procurement Card ☐ Purchase Order _____