

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.
Submit an expense report in XM for expenses to be reimbursed. Please attach completed form to travel plan submitted in XM.

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 _____