CONROE INDEPENDENT SCHOOL DISTRICT

Travel Card Request Form

Requestor's Information

Requestor's Name: _____

CISD Email: _____

Phone Number: _____

Campus/Dept. _____

Travel PO #: _____

Budget Code to charge: _____

Account   Budget Unit

Hotel Information

Hotel Name: _____

Vendor #: _____

Hotel Address: _____

Check-In Date: _____

Check-Out Date: _____

Confirmation #: _____

	# of Rooms	# of Nights	Rate	Total
Student Rooms				
Student Rooms				
Employee/Sponsor Rooms				
Employee/Sponsor Rooms				
		Tax (exclude 6% State Tax)		
		Total Cost of Stay		

Incidentals?   Amount $ _____   per night/per room

Yes   No

For Travel Department Use Only

TPO #: _____

Date Card Loaded: _____

Travel Card #: _____   Last 4 Digits: _____

Card Loaded By: _____

Hotel PO Amount: $ _____

Incidentals: $ _____

Amount Loaded: $ _____

Notes: