

WASHINGTON COUNTY SCHOOL DISTRICT
Hotel Reservation Request/Direct Bill

(Return completed form to Accounts Payable)

Date _____

Trip Request Number _____

Specify Reason for Trip (state meeting/training, conference, athletic event, etc.)

School Requesting Trip _____

Travel Secretary Name _____ Extension _____

Date(s) you need the hotel _____

District Employee(s) who will be staying @ hotel

Number of Rooms Needed _____

Number of Nights 1 Night 2 Nights Other

Hotel _____

Hotel Address _____

Hotel Phone Number _____

Confirmation Number _____ Room Rate \$ _____

Account to be billed _____

PLEASE SEND A COPY OF THE INVOICE TO THE DISTRICT OFFICE. MAKE SURE THE ACCOUNT TO BE BILLED IS LISTED ON THE INVOICE.