



Brownsville Independent School District Travel Quotation Request Form

TREQ # _____

Campus _____

Name: _____ Position: _____ DATE: _____

(AS IT APPEARS ON YOUR DRIVER'S LICENSE)

Reservation Contact Person: _____ Phone: _____ E-mail: _____

Account # _____ Account # _____

TRAVEL INFORMATION

Destination: _____

Departure Date: _____ Return Date: _____

Comments: _____

AIRLINE RESERVATION INFORMATION

**AIRLINE TICKETS MUST BE PURCHASED IN ADVANCE. APPROVED PROFESSIONAL LEAVES
MUST BE SUBMITTED TO TRAVEL DEPT. NO LATER THAN 12 BUSINESS DAYS PRIOR TO TRAVEL.**

Departure City: _____

(IF TRAVELING BY AIR)

Airline: _____ Departure Time: _____ Return Time: _____

Comments: _____

CAR RESERVATION

Pickup Location: _____ Drop Off Location: _____

(DIFFERENT FROM PICKUP LOCATION)

Pickup Time: _____ Drop Off Time: _____ Car Size: _____

Comments: _____

HOTEL RESERVATION

PLEASE PROVIDE ALL PERTINENT INFORMATION SUCH AS CONFERENCE NAME, DATES, RATE AND CONTACT PERSON
(SO THE TRAVEL COORDINATOR CAN SECURE THE BEST AVAILABLE ROOM RATE FOR THE DISTRICT).

Hotel: _____

Number of Persons: _____

Address _____

(IF SHARING A ROOM)

Tel: _____

Conference Name: _____

Check-in Date: _____

Conference Rate: _____

Check-out Date: _____

Comments: _____

**PURCHASE ORDER NUMBER MUST BE SUBMITTED TO THE TRAVEL DEPARTMENT
10 DAYS PRIOR TO TRAVEL. IF PURCHASE ORDER NUMBER HAS NOT BEEN RECEIVED
BY THE HOTEL CANCELLATION DEADLINE THE TRIP WILL BE CANCELLED.**

Supervisor's Signature: _____ Date: _____



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ADDITIONAL PERSONS TRAVELING

List the name of each traveler. **For travelers 18 years or older please provide their name as it appears on their Driver's License.** Include list of student names (if any). **ON COLUMN B INDICATE ROOMMATE**

1A. _____	1B. _____
2A. _____	2B. _____
3A. _____	3B. _____
4A. _____	4B. _____
5A. _____	5B. _____
6A. _____	6B. _____
7A. _____	7B. _____
8A. _____	8B. _____
9A. _____	9B. _____
10A. _____	10B. _____
11A. _____	11B. _____
12A. _____	12B. _____
13A. _____	13B. _____
14A. _____	14B. _____
15A. _____	15B. _____
16A. _____	16B. _____

Attach additional list if necessary.

