

Lane Education Service District
TRAVEL PLANNING FORM / CREDIT CARD AUTHORIZATION

Conference Title/Location: _____ Conference Date: _____

Request Date: _____ Requested by: _____ Service Area: _____

Account # _____

What	Name of Traveller	Description (Include Vendor Name and location if known)	Total Cost

Conference Registration Info: Pre-conf session Post-conf session

Hotel Info: Check In Date: _____ Check Out Date: _____ Total # Nights: _____ Total # Occupants: _____
 Non-Smoking King Bed Queen Bed Internet Hotel Shuttle Pet Friendly Parking
 ADA Accommodations Needed? If yes, specify: _____

Airfare: Date & Time preference: Departing Eugene _____ Departing Conference _____
 Window Aisle Airport Shuttle Taxi Car Rental # Checked Bags: _____

Driving:
 ESD Vehicle Personal Vehicle Rental Car

Confirmation #s:

Hotel	Registration	Airfare
Airport Shuttle	Car Rental	Taxi

Please attach any documentation that supports this travel, such as conference rate promotions, membership information (for discounted registration rate), conference hotel information, etc.

Cardholder or Supervisor Signature

Printed Name

Date

(Submit along with Request to Attend Staff Development/Professional Development form)