

SBVMWD STAFF TRAVEL REQUEST *

NAME _____ DATE _____

EVENT: _____

LOCATION: _____

DATE(S): _____

HOTEL ACCOMMODATIONS REQUIRED: No _____ Yes _____ If yes, complete section below.

First Choice (Name & Location) _____

Alternate _____

Arrival Date _____ Departure Date _____

Number in Party _____ Room Preference: Single _____ Double _____

TRANSPORTATION REQUIRED: No _____ Yes _____ If yes, complete section(s) below.

AIR

Date of Departure _____ Date of Return _____

Desired Departure Time _____ Desired Return Departure Time _____

Point of Departure _____ Desired Return Arrival Time _____

Point of Arrival _____

RENTAL AUTO

Size of Car / Rental Company Preference _____ / _____

DISTRICT FURNISHED AUTO (Limited to use in Los Angeles, Orange, Riverside & S.B. Counties.)

Date(s) / Time of Day Required _____ / _____

REGISTRATION FEE REQUIRED FOR EVENT: No _____ Yes _____ If Yes, amount \$ _____

LUNCHEON AND/OR BANQUET RESERVATIONS REQUIRED: No _____ Yes _____

If Yes, how many / cost _____ / _____

ESTIMATED TOTAL COST TO SBVMWD: \$ _____

APPROVED BY _____ DATE _____
General Manager

*Written approval is required for staff travel of more than one day's duration in or outside the state.