



**BROKEN BOW PUBLIC SCHOOL DISTRICT I-074  
STAFF/STUDENT TRIP AUTHORIZATION & CONFERENCE INFORMATION**

Sponsor /Employee \_\_\_\_\_ Cell # \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Destination \_\_\_\_\_ Reason for Travel \_\_\_\_\_  
 Departure Date & Time \_\_\_\_\_ Return Date & Time \_\_\_\_\_  
 Conference & Address \_\_\_\_\_  
 Conference Date(s) \_\_\_\_\_ Lodging Required? Yes \_\_\_ / No \_\_\_ Dates for Lodging \_\_\_\_\_  
 Hotel \_\_\_\_\_ Hotel Phone Number \_\_\_\_\_  
 Students attending? Yes \_\_\_ No \_\_\_ Chaperones attending? Yes \_\_\_ No \_\_\_  
 Chaperones attending \_\_\_\_\_  
 Bus Drivers \_\_\_\_\_

**STUDENTS ATTENDING**


PLEASE REMEMBER TO TURN REQUISITIONS FOR TRANSPORTATION AND LODGING IN AT CENTRAL OFFICE.  
 THIS FORM ALSO NEEDS TO BE TURNED INTO THE SITE SECRETARY AND THE CENTRAL OFFICE.

\_\_\_\_\_  
 Principal Authorization  
 \_\_\_\_\_  
 Superintendent Authorization

Date \_\_\_\_\_  
 Date \_\_\_\_\_