



Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



TRAVEL PLANNING GUIDE

Name: _____

CONFERENCE INFORMATION	
Conference Name:	
Conference Dates:	Location:

TRAVEL ADVANCE
PLEASE SELECT IF YOU WANT TO RECEIVE A TRAVEL ADVANCE
<ul style="list-style-type: none"> A Travel Advance is used to cover excepted travel costs up front. These expenses include meal per diems, taxis, parking, luggage. The amount you receive will be an estimated amount based off your travel plans. If you choose to receive a Travel Advance, you will receive the funds prior to your trip in your bank account via direct deposit. If you choose NOT to receive a Travel Advance, you will be reimbursed for any necessary travel costs that you incur, through your regular monthly Travel Reimbursement.
<input type="checkbox"/> YES , I want to receive a Travel Advance. <input type="checkbox"/> NO, I want to be reimbursed afterwards.

TRAVEL INFORMATION			
PLEASE FILL OUT COMPLETELY – CHOOSE AT LEAST ONE OPTION IN EACH COLUMN			
TRANSPORTATION TO AIRPORT OR CONFERENCE	PARKING	CHECKING LUGGAGE <small>(1 checked bag is covered each way when flying)</small>	TRANSPORTATION FROM AIRPORT TO CONFERENCE <small>(Round Trip)</small>
<input type="checkbox"/> Driving <input type="checkbox"/> Carpooling <input type="checkbox"/> Dropped off <input type="checkbox"/> Taxi/Uber/Lyft <input type="checkbox"/> Ferry <input type="checkbox"/> Train/Tram/Subway <input type="checkbox"/> Airporter <small>(pick up location):</small> <input type="checkbox"/> Other <small>(explain in notes below)</small>	<input type="checkbox"/> Airport <input type="checkbox"/> Hotel <input type="checkbox"/> Conference <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Taxi/Uber/Lyft <input type="checkbox"/> Carpooling <input type="checkbox"/> Train/Subway <input type="checkbox"/> Other <small>(explain in notes below)</small> <input type="checkbox"/> N/A

PLEASE COMPLETE ALL SECTIONS BELOW
IF YOU DO NOT HAVE ANY SPECIAL TRAVEL REQUESTS/NOTES OR ALLERGIES/SPECIAL NEEDS, PUT "N/A"
Special Travel Request/Notes:
Allergies/Special Needs:
Personal Cell #:

AIRLINE INFORMATION	
ONLY FILL OUT IF FLYING FOR CONFERENCE	
EXACT Name on Picture ID to be used at the Airport:	Date of Birth:
Seating Preference: <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Wing <input type="checkbox"/> No Preference	