

REQUEST FOR EXEMPTION FROM BCSD MAXIMUM HOTEL ROOM RATE
(To be attached to the Request to Attend form)

This form must be completed AND Approved by the Principal or Department Head AND School Site AA or Assistant Superintendent (see below)

Employee Name _____ Department/School _____

Conference/Workshop/Business Trip _____

Date(s) of Trip _____ Number of Nights in Hotel _____

Name of Requested Hotel _____ Room Rate _____

Parking Fee _____ *(include tax)*

Distance from conference/business site _____

Is the requested hotel a conference hotel? YES NO

Are you or anyone in your party, renting an automobile? YES NO

If yes, daily rate _____

If not, what is your projected daily transportation expense? _____

Are you or anyone in your party, using a personally owned/leased vehicle on this trip? YES NO

----- **Please list 3 other hotels in the area** -----

Name of other Hotel in vicinity _____ Room Rate _____

Parking Fee _____ *(include tax)*

Distance from conference/business site _____

Daily Transportation Expense _____

Name of other Hotel in vicinity _____ Room Rate _____

Parking Fee _____ *(include tax)*

Distance from conference/business site _____

Daily Transportation Expense _____

Name of other Hotel in vicinity _____ Room Rate _____

Parking Fee _____ *(include tax)*

Distance from conference/business site _____

Daily Transportation Expense _____

Approved: _____ **AND** Approved: _____
Principal / Department Head School Site Executive Director / Asst. Supt.