

**WEST POINT CONSOLIDATED SCHOOL DISTRICT  
TRAVEL CARD FORM**

**VENDOR #740000**

**VENDOR NAME: UMB FINANCIAL CORPORATION**

**ACCOUNT NUMBER TO BE CHARGED: \_\_\_\_\_ -900 \_\_\_\_\_ 000 - \_\_\_\_\_ - \_\_\_\_\_**

<b>EMPLOYEE NAME:</b>
<b>CONFERENCE OR WORKSHOP ATTENDING:</b>
<b>LOCATION:</b>

**HOTEL INFORMATION:**

NAME OF HOTEL:
RESERVATION OR CONFIRMATION #:
DATES OF OVERNIGHT STAY:
HOTEL PHONE NUMBER:
AMOUNT OWED: \$

**\*attach a copy of the email confirmation from hotel**

**OTHER TRAVEL INFORMATION (if applicable):**

**1. AIRFARE \***

COMPANY NAME:
RESERVATION OR CONFIRMATION #:
PHONE NUMBER OR WEB ADDRESS:
AMOUNT OWED: \$

**2. CAR OR VAN RENTAL \***

COMPANY NAME:
RESERVATION OR CONFIRMATION #:
PHONE NUMBER:
AMOUNT OWED: \$

**3. PARKING \***

COMPANY NAME:
RESERVATION OR CONFIRMATION #:
PHONE NUMBER:
AMOUNT OWED: \$

**\*attach email confirmation for any of the above (#1,2,3)**