

# Request for Hotel Reservation

**Purpose:** \_\_\_\_\_

**Employees attending:** \_\_\_\_\_

**Administrator Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**P.O. number** \_\_\_\_\_ **Date check is needed noted on body of P.O.?** \_\_\_\_\_ **Yes or No** \_\_\_\_\_

*(circle preferences)*

Arrival Date	Departure Date	Hotel CHOICE & phone number	Reservation name	Cost/day-- *must include city tax	# in room	single or double	smoking or non-smoking	Guar. late arrival
		1				S / D	S / NS	Y / N
<b>Confirmation #</b>								
		2				S / D	S / NS	Y / N
<b>Confirmation #</b>								
		3				S / D	S / NS	Y / N
<b>Confirmation #</b>								

**IMPORTANT Note:** Hotel cost for the district is **\$80/night/person maximum** without appropriate approval. It is the responsibility of the administrator and/or the person attending for changes or cancellations made. If the person does not attend and the reservation was not cancelled, the charge will be made to your account.

## For Office Use Only

**Approved Notes**
