

HOTEL REQUEST FORM

Staff Member's Name: _____

School/Position: _____

Conference Title: _____

Conference Date(s): _____

Location (City/State): _____

Check-In Date: _____

Check-Out Date: _____

Special Requirements: _____

Authorized By: _____ Date: _____

Account Code: _____

Upon approval, please attach this form to a purchase order, which must be completed prior to reserving the hotel. Please note that hotel reservations MUST be made from the Business Office.