

Harrisburg School District 41-2

Hotel Reservation Request Form

Please complete the form below and attach your voucher before asking for a hotel reservation.

Purpose of Trip/Conference Name: _____

Guest Names:		Bed Preference:	
Room 1:	_____	<input type="checkbox"/> King	<input type="checkbox"/> Queen/Double
Room 2:	_____	<input type="checkbox"/> King	<input type="checkbox"/> Queen/Double
Room 3:	_____	<input type="checkbox"/> King	<input type="checkbox"/> Queen/Double
Room 4:	_____	<input type="checkbox"/> King	<input type="checkbox"/> Queen/Double

Hotel

Choice 1:	Hotel Name: _____	Phone: _____
	Address: _____	City/State: _____
Choice 2:	Hotel Name: _____	Phone: _____
	Address: _____	City/State: _____

Dates required:

Check in	Check Out	# of Nights
Date: _____	Date: _____	<input type="text"/>

Special Requests: _____

For Business Office Use Only:

Confirmation #:

Payment

Room1: _____	Rate \$ _____	<input type="checkbox"/> Direct Bill
Room2: _____	Rate \$ _____	<input type="checkbox"/> Credit Card
Room3: _____	Rate \$ _____	
Room4: _____	Rate \$ _____	

The Business Office will inform you of your confirmation # when you reservation is made.