



Request for Hotel Reservation

Name of Employee Requesting Reservation: _____

Department/Program: _____

Roommate, if preferred: _____

Department/Program: _____

Training/Event Name: _____

Dates of Event/Training: _____ to _____

Location of Event/Training: _____

Check-In Date: _____ Check-Out Date: _____

Accessibility Yes
Required? No

Room Type Smoking
 Non-Smoking
Requested: Double
 King

Additional Information:

Employee Signature Date

Immediate Supervisor Signature Date

District Manager Signature Date

Office Director Signature Date

For HR Use Only	
Fund Code: _____	Reservation Confirmation Number: _____
Org Code: _____	
Program Code: _____	