



Reservation under card
ending in: _____

Hotel Reservation Request

Hotel Name _____

Phone # _____ Fax # _____

Check In Date _____ Group/Dept _____

Check Out Date _____ Date: _____

of Rooms _____ Req/PO# _____

Name(s) per Room _____

Use addition Sheet if needed _____

Confirmation # _____	Confirmation # _____
Confirmation # _____	Confirmation # _____
Confirmation # _____	Confirmation # _____
Confirmation # _____	Confirmation # _____
Confirmation # _____	Confirmation # _____
Confirmation # _____	Confirmation # _____

Quoted Nightly Room Rate **with Tax** and Special Requests

Parking Fee: _____

Is pricing the Government Rate? Yes No

Requestor _____ AP Signature _____

Date _____ AP Faxed CC Auth Date _____

When this form is returned, please confirm with Hotel that CC Authorization has been applied to your stay!