

Please attach this with your APPROVED Travel Form

Hotel Name:		
Hotel Address:		
City, State, Zip:		
Is there a Conference Rate associated with this Reservat	ion? Yes:	No:
If yes, please provide the Conference Rate:		
Check-In Date:	Check-Out Date:	
Number of Rooms Needed:	Number of Guests:	
Are you staying additional days, not for College Travel?	Yes:	No:
If yes, please provide dates College is responsible for:		
Total Amount of Hotel Stay:	Hotel Website/URL:	
Procurement Team Only (Employees Do Not Complete):		
Date Reservation Completed:		
Completed by:		
E-mail confirmation sent to employee:	Yes:	No