

LODGING CHECK REQUEST FORM

PERSON REQUESTING CHECK _____ DATE _____

HOTEL INFORMATION

HOTEL NAME _____

ADDRESS _____

PHONE # _____

	EMPLOYEE NAME	\$ PER NIGHT	X	NUMBER OF NIGHTS	=	TOTAL	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

GRAND TOTAL OF CHECK _____

FUNDING SOURCE ACCOUNT NUMBERS _____

PRINCIPAL / SUPERVISOR'S APPROVAL _____ DATE _____

Please attach supporting documentation such as APPROVAL forms, Hotel reservation confirmation printouts, etc.

*** SUMMIT REQUEST AT LEAST ONE WEEK IN ADVANCE ***