

Harrisburg School District 41-2

Hotel Reservation Request Form

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

Guest Names:

Room 1: _____
 Room 2: _____
 Room 3: _____
 Room 4: _____

Bed preference :

King Queen/Double
 King Queen/Double
 King Queen/Double
 King Queen/Double

Purpose of Trip/Conference Name: _____

Hotel

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

Dates required:

Check in	Check Out	# of Nights
Day: _____	Day: _____	
Date: _____	Date: _____	_____

Special Requests: _____

For Business Office Use Only:

Confirmation #:		Payment
Room1: _____	Rate \$ _____	<input type="checkbox"/> Direct Bill
Room2: _____	Rate \$ _____	<input type="checkbox"/> Visa (fuel)
Room3: _____	Rate \$ _____	<input type="checkbox"/> Visa (School)
Room4: _____	Rate \$ _____	<input type="checkbox"/> 3 rd party auth sent to hotel

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