

Sweetwater County School District #2
Hotel Reservation/Confirmation Form

Employee Name: _____

Reason for travel: _____

RESERVATION INFORMATION

Hotel Name: _____

Name Reservation Made Under: _____

Date Arriving: _____ Date Leaving: _____

of rooms _____ Double or King: _____

Room Rate (per night) _____ People per Room: _____

all information required

By signing below you agree to the following:

- 1) If you are unable to attend conference / event for any reason you will cancel reservation and notify the business office of that cancelation.**
- 2) If charges are made to the card and the employee does not attend for any reason not determined to be an emergency by the superintendent, the charge to the card will be the responsibility of the employee.**
- 3) You are still required to pick up a card and follow all procedures required for usage of that card.**

Employee Signature

Date

TO BE COMPLETED BY SCHOOL SECRETARY

HOTEL CONFIRMATION NUMBER _____

Supervisor's Signature

Date

FORM INSTRUCTIONS

This form is to be used when an employee needs to confirm a hotel/motel reservation and does not want to use personal credit card to do so.