OFFICE OF PURCHASING AND TRAVEL

HOTEL CHARGES

DATE: _____ AGENCY: _____

REQUESTING INDIVIDUAL: _____ CONTACT NAME: _____

AGENCY: _____ CONTACT PHONE: _____

NAME OF HOTEL: _____

| GUESTS | TITLE/AFFILIATION |
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PURPOSE OF STAY: _____

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_____ _____
Signature of Cardholder Date

_____ _____
Signature of Approving Program Coordinator or Agency Head Date