



Prepaid Hotel Request

Employee Name: _____ Ext. _____

Department: _____ Division: _____

Request Date: _____

Conference Title/Location: _____

Conference Dates: _____

Hotel Arrival Date: _____ Hotel Departure Date: _____

Payable To: _____

Remittance Address: _____

Type of Accommodations: _____ Share Room With: _____

Room Rate: _____ Tax Rate: _____

Amount Due: _____ Confirmation No: _____

Please complete chartfields

Account	Fund	Org	Program	Class	BY	Proj/Grt	iBus Unit	(For Fiscal Use)	

(Form must be attached with the Request for Travel Approval form)

Claim# _____

Vendor# _____

Audit _____

Voucher# _____