

GRUNDY COUNTY BOARD OF EDUCATION

HOTEL REQUEST FORM

Approved: _____ Pending: _____ Denied: _____ Purchase Order #: _____

Fund:	Account:	Object:	Sub Fund:	Cost Center:	Sub Object	\$

Supervisor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Finance Manager Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Hotel Information

Hotel Name: MasterCard- _____ Hotel Phone Number: _____

Mailing Address: _____

Number of Nights Needed: _____ Dates: _____ Number of Rooms Needed: _____

Number of Beds Needed: _____ Cost per Night: _____ Group Code: _____

Special Instructions: _____

CONFERENCE INFORMATION

Conference Name: _____

Conference Dates: _____ Conference Reference PO Number (Office Use): _____

Please provide and attach hotel information with this form. Be sure the total for your stay is on the printout as well. Allow enough time before the conference (usually two weeks) for your request to be approved and your registration confirmed. If your request is approved, you will receive a copy of this form with the Director's signature of approval. The hotel will be reserved with the MasterCard. Mileage (if applicable) and meals (except those provided as part of the conference) will be paid for by the conference participants and reimbursed after the conference. For mileage and meal reimbursements, please fill out a Travel Reimbursement form within 10 days after the conference end date. Reimbursements received after the 10 days will not be accepted. If you have any questions or concerns, please call Stacey or Arlene at 692-3467 ext 107.

Requestor Name (print): _____ Email Address: _____

Requestor's Signature: _____ School: _____ Date: _____

For Office Use Only

Attach this form to the Front of All Items Submitted for Payment



Hotel Information _____
Approved Request to Purchase _____
Approved Purchase Order _____
Appropriate Signatures _____
Hotel Confirmation Number _____