NEW NSCAD LOGO BLACK.tif

Cambridge Suites Hotel Reservation Request Form

2014

*To be used to obtain prior approval for direct invoicing to NSCAD for payment of guestroom and tax.*

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| **ROOM DETAILS** | | | |
| Name of Visitor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date of Arrival:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date of Departure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| # of Adults | # of Children | Room Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Number of Room Nights  Rate: $117.00 per night plus tax and marketing levy = $137.24 | | Total Cost:       including tax | |
|  | |  | |
| **DEPARTMENT INFORMATION** | | | |
| Department: | | Requisitioned By: | |
| Purpose of Accommodation – Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Budget account for expense: | |  | |
| Account Name: | | Account Number: | |
|  | |  | |
| **APPROVAL** | | | |
| Department Budget approver: | | | Date of Request: |
| President/VP approval: | | Date of Approval: | |
|  | |  | |
| **INTERNAL PROCESS** | | | |
| Date Reservation Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Confirmation Number: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |