

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 |
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| **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:       |
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| **INTERNAL PROCESS** |
| Date Reservation Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmation Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |