Cornbelt Educational Cooperative
Hotel Reservation Request Form

Please complete the form below and attach your requisition (voucher) before asking for a hotel reservation.

Guest Names: **Bed preference:**

Room 1: _____ _____ ☐King ☐Queen/Double

Room 2: _____ _____ ☐King ☐Queen/Double

Room 3: _____ _____ ☐King ☐Queen/Double

Room 4: _____ _____ ☐King ☐Queen/Double

Purpose of Trip/Conference Name: _____

Hotel

Choice 1 Hotel Name: _____   Phone: _____

Hotel Address: _____   City/State: _____

Choice 2 Hotel Name: _____   Phone: _____

Hotel Address: _____   City/State: _____

Dates required:

Check in	**Check Out**	**# of Nights**
Day: _____	Day: _____	_____
Date: _____	Date: _____	_____

Special Requests: _____

For Business Office Use Only:

Confirmation #:   Payment

Room 1: _____   Rate $_____   ☐ Direct Bill

Room 2: _____   Rate $_____   ☐ Visa (Dean)

Room 3: _____   Rate $_____   ☐Visa (Pam)

Room 4: _____   Rate $_____   ☐3rd party auth sent to hotel

The Business Office will inform you of your confirmation # when you reservation is made.