|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HOTEL RECEIPT** | | | | | | |
|  |  |  |  |  |  | |
| Hotel Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | Date(s) of Stay | |
|  |  |  |  |  | HWS Department Name | |
| Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  | |
|  |  |  |  |  |  |  | |
| HWS Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  | |
| Business Purpose: | |  |  |  |  |  | |
|  | College Visitor |  | | | | |
|  | Speaker |  | | | | |
|  | Job Candidate |  | | | | |
|  | Business Meeting |  | | | | |
|  | Other (please specify): |  | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | |
|  |  |  |  |  |  |  | |

HWS Accounting Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HWS Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Hotel Office Use Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date Res was Made: |  | | GSA Who Made Res: |
| Room Bill Total: |  | | Account Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Meal Authorization: |  | Yes or No (circle) | |

(verbally given at time of reservation)

*When all information on this form is completed please attach the detailed hotel invoice and forward to the HWS Business Office, 300 Pulteney St. Geneva, NY, 14456*

Business Office ‐ rev. 3/1/2015