

## Hotel Reservation Using State Credit Card

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Account coding:** (Completed By Augusta Office) \_\_\_\_\_

**Preferred hotel (name and website):** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Date(s) of hotel stay:** \_\_\_\_\_ **# of nights:** \_\_\_\_\_

**Nightly rate/taxes:** \_\_\_\_\_

**Is hotel cost within the per diem rate for that area?** \_\_\_\_\_

**If not, please provide a copy of the lodging waiver from the Deputy Commissioner:**

*\*\*\*Request a credit card authorization form from the hotel and provide it with this request.*