Complete this form and submit to the Finance Team at si.finance@wsu.edu
Deadline to submit form: at least 72 hours in advance. *Allow more time for group reservations.*
This information will be used to reserve lodging. This form is **not** an official form and should **not** be given to the vendor.

Requester's Name:		Phone/ Email:		Today's Date:
Committee/Project Name:				**Program:**
Name of Event/Program:				**Date(s) of Event:**

Hotel Name:
Address/City/State/Zip:

Hotel Phone #:	Hotel Rep:

Please call hotel prior to submitting form to confirm rates & availability. Ask your advisor!

Guest Name(s):			
Check In Date:	**Check Out Date:**		**# Nights:**
# Rooms:	**# Beds:**	**Bed Size:**	**# People:**
Special room requests:			

Be as specific as possible.

Payment Method:

Full-time staff will arrange and pay for their lodging and request reimbursement. If lodging request is for student employees or a speaker who is a WSU employee, a Pcard exception is needed. Please check in with Chloe on this process.

☐ **Direct Bill room and tax only to WSU. Incidentals** *(meals, phone calls, internet, etc.)* **will be paid by guest(s).**

☐ **Other:** _____

Reservation Confirmation: Please email to: _____

PLEASE ALLOW 72 HOURS FOR PROCESSING!

$

	Estimated $	Actual $
Cost Subtotal		
Taxes *(Pullman = 7.9%)*		
TOTAL ☐*Not to exceed*		

Signature of Requester:
Signature Account Authority/Advisor:
Signature of Associate Director (IF purchase is over $2000):

If "requester" and "account authority" are the same, sign on Account Authority line ONLY. "Advisor" must approve before Account Authority can sign, if not the same person.

Additional Guest Names *(if multiple rooms)*   **#Ppl/#Beds**
2._____ _____
3._____ _____
4._____ _____
5._____ _____
6._____ _____
7._____ _____
8._____ _____
9._____ _____
10._____ _____

Support Staff Use
Date Reserved:_____ Reserved By: _____
Rate(s): $ _____ Hotel Rep. Name:_____
Confirmation #:_____ Confirmation Received? ☐
Lodging Exception # *(if over per diem, less than $230.58 per night inclusive)*:_____
Lodging Exception if over 150% *(more than $230.58 per night inclusive)*:
Request sent to Travel Dept. on:_____ Approval received? ☐
SA #:_____ Contract #:_____

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