

Columbiana County Educational Service Center
REQUEST FOR HOTEL ACCOMMODATIONS

Name: _____

Name of Conference/Meeting: _____

Room Block Code (If Applicable): _____ Rate: _____

Arrival Date: _____ Departure Date: _____ Total Nights Staying: _____

Hotel: _____ Phone: _____ (Please give Hotel's Direct Phone Number) Address: _____ _____ _____

Indicate Preferences:

- Single accommodation
- Double accommodations
 - 2 double beds
 - King bed

Name of person Sharing the room:

- Smoking
- Non-Smoking

(Attach A Copy Of Conference Information If Possible)

 Employee's Signature (person requesting room)

 Date

For Office Use Only:

Description of Accommodations	Room Rate
Total Cost	

- Standard Rate
- Room Block Rate
- Government Rate
- Other _____

Approval Granted:

_____	_____
(Director's Signature)	(Date)
_____	_____
(Superintendent/Assistant Superintendent Signature)	(Date)

Approval Not Granted:

_____	_____
(Director's Signature)	(Date)

Reason For Not Approving Request: _____
