

Internal Hotel Request Form

Date _____

Check one: Employee
Student
Visitor

Traveler _____
Name as it appears on your I.D.

Phone # _____
Required

Domestic Travel
International Travel

Travel Information

Hotel Name _____

Arrival Date and Time _____

Departure Date and Time _____

Destination _____

Hotel Phone # _____

Preference Single King or Double Queen

List of those staying in the room and their affiliation:

Emergency Contact

Name _____ Phone Number: _____

Business Purpose of Travel:

Please be advised that **no incidentals will be paid with a UNM Purchasing Card**. You should provide the hotel with a personal credit card for incidentals. **If you are requesting more than 10 rooms**, please see the front office staff to complete a special exception request form.

Signature Authorization _____

Index _____