**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.***