



CENTRAL WASHINGTON UNIVERSITY

Hotel/Motel Room Reservation Request

Accounts Payable Office, 400 E University Way, Ellensburg, WA 98926

Phone: 509-963-1986, Fax: 509-963-1623

(To be used when charges are to be direct billed to CWU.)

Section 1 – To be completed by CWU’s requesting department

Request for Quote/Information: (to be filled out by CWU dept)

Hotel/Motel: \_\_\_\_\_ # of Rooms: \_\_\_\_\_ Accommodations:  Single  Double  Triple  Quad

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Date \_\_\_\_\_

Room Occupant Name \_\_\_\_\_ Company \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupant Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Bill: (mark one) Room & Tax Only All Charges

Central Washington University Billing Information

Speedtype: \_\_\_\_\_ OP Unit: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_ CONTRACT# \_\_\_\_\_

CWU Department Name & Contact: \_\_\_\_\_

Budget Approval Signature: \_\_\_\_\_

Dept email address or fax # to send confirmation to: \_\_\_\_\_

Section 2 – RESERVATIONS MADE BY

Name \_\_\_\_\_ Department \_\_\_\_\_ Telephone Number \_\_\_\_\_

Return Fax Number \_\_\_\_\_

Reservation Accepted by:

Name \_\_\_\_\_ Confirmation # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Rate per Night: \_\_\_\_\_ Room Tax per Night: \_\_\_\_\_

Submit signed, original form to Travel/Accounts Payable at MS 7470