



**Hotel/Motel Room Reservation**

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

Phone: 509-963-2621, TravelDesk@cwu.edu

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

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

**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: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_ CONTRACT# \_\_\_\_\_

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

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

Dept email address: \_\_\_\_\_

**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 TravelDesk@cwu.edu

Reset

Print