



E-mail the approved form to the hotel and to the Finance Dept., payables@ssrce.ca

HOTEL INFORMATION

*****Please ensure only the Hotel Room, Parking and Internet charges are direct billed**

Name of Hotel							
	Street:						
Hotel Address	City:				Prov.	Postal Code	
	Phone:			Fax:			
Date of Reservation	From:			To:			
Room Preferences	Smoking <input type="checkbox"/>		Non-Smoking <input type="checkbox"/>		Hotel/Meeting Room Rate		
	Double <input type="checkbox"/>	Queen <input type="checkbox"/>	Meeting Room <input type="checkbox"/>	Confirmation#			

REASON FOR HOTEL BOOKING

Name of Function							
Location of Function (if not at hotel)							
Date of Function	From:			To:			

Employee/Guest Details and Accounting Information

1st Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

2nd Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

3rd Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

4th Employee/Guest Information

Employee(s)/Guest (s) Name		Personnel Number		Work Location/Job		
GL#	635400	Fund Centre		Internal Order#		
Fund		Functional Area				

Signature of Supervisor

Date Approved by Supervisor

Name of Supervisor (Please print clearly)

Billing Information: South Shore Regional Centre for Education, Attn: Accounts Payable
69 Wentzell Drive, Bridgewater NS B4V 0A2
Ph: 902-541-3015, Fax to e-mail: 902-527-5400, e-mail: payables@ssrce.ca