

ROOM RESERVATION REQUEST

TO: _____ DATE: _____

HOTEL: _____ FOR: _____

RESERVATION STATUS (Please circle)	NEW	REVISED	CANCEL
IN: _____	OUT: _____		
NO. ROOMS: _____	PAX: _____		
NAME : _____	ADDRESS: _____		
SPECIAL REQUEST (eg. Late Checkout etc) _____			

ARRIVAL DETAILS:	DEPARTURE DETAILS:

BILLING INFORMATION:		
CATEGORY A	HOTEL SPECIFIC BUSINESS USAGE Room / Food / Beverage Incidentals Complimentary	<input type="checkbox"/>
CATEGORY B	NON HOTEL SPECIFIC BUSINESS USE Room Charge according to the list of AAPC rates for the year Food and Beverage, incidentals at Cost plus 10%	<input type="checkbox"/>
CATEGORY C	CORPORATE SALES TEAM Hotel to absorb costs as Sales and Marketing expense	<input type="checkbox"/>
CATEGORY D	OTHER (please specify) _____ _____	<input type="checkbox"/>

Date of the request	Name & signature of the beneficiary	Approved by