Date: ___________________ Department Name: _______________________________________

Traveler’s Name: First_________________ Middle___________ Last__________________

Account#: ______________ Personnel #: ______________ Request ID #: _______________

Purpose of Trip: __________________________________________________________________

GL Code: ______________ Accompanied By: (If Applicable): __________________________

DIRECT BILL HOTEL

Hotel requested: __________________________________________________________________

Arrive date: _______________________ Departure date: ____________________________

_________________________________________ ________________________________
Departmental Approval (Required if traveler is accompanied) CBO Approval (Required if traveler is accompanied)

Prepared by: ___________________________ Date: ________________________________

TO BE COMPLETED BY ACCOUNTS PAYABLE OFFICE

Hotel confirmation #: ____________________________ Cancellation#: ______________________

Invoice# ___________________________ Date Paid: ____________________________

Amount: $

Completed by: __________________________________________________________________

T25-FORM REVISED 8/10/2022