



Hotel Prepayment Request Form

This form should be completed by the traveler, approved by the budget manager, and forwarded to Accounting Services (CBX 033) no less than two weeks prior to date check is needed. In receiving a hotel prepayment check, you agree to complete your travel expense statement within 10 days of trip completion, including lodging cost with a payment method of PREPAID HOTEL to clear it from our system. Failure to complete your travel expense statement within 10 days will result in a suspension of the privilege to receive a prepaid hotel check for one year.

Date:

Name of Traveler:

Dates of Travel:

Department number(s) to be charged:

By requesting this check, I agree that I have:

☐ Contacted the hotel to make sure they will accept a Georgia College check. Please request the hotel's W-9 form when you call if you haven't stayed there before.

When I contacted the hotel, they indicated they will:

☐ Accept a check upon arrival

☐ Check must be received _ week(s) in advance. Accounting Services will contact You when the check is ready so you can pick it up and mail it.

Hotel Name:

Hotel Address:

Hotel Phone:

Amount of request:

Please attach your hotel reservation to this form.

Approval of Budget Manager: _____

Other approval (if required): _____