**Temple University Room Reservation Request**

(To be used when charges are to be paid by Temple University)

Rates in effect January 1, 2019 through December 30, 2019

|  |  |  |
| --- | --- | --- |
| Arrival Date | Departure Date | Estimated Arrival Time |
|  |  |  |

AR Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Standard Guestroom Rates: $155.00 Single/Double Occupancy

**Temple University Billing Information:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Org \_\_\_\_\_\_\_\_\_\_\_\_\_ Account \_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direct Bill: Room/Tax \_\_\_\_ Parking \_\_\_\_ Meals \_\_\_\_\_ All Charges \_\_\_\_\_\_**

(Check all that apply)

Business Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temple Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Guest Name** | **Guest Email Address** | **Telephone Number** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Street Address** | **City** | **State**  | **Zip** |
|  |  |  |  |  |

Reservation made by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name Department / Company Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

Return fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reservation Accepted By:

|  |  |  |
| --- | --- | --- |
| By:  | Conf #: | Date: |

If the above requested room is available, your confirmation will be returned via facsimile before the end of the next business day, Eastern Time. If you have not received a confirmation or a denial, please call Lauren Ruth (215) 521-6562 or email lauren.ruth@hilton.com

**PLEASE MAKE SURE THIS FORM IS SIGNED BY AN AUTHORIZED SIGNER FOR THE FUND ABOVE**

* **Cancellation**
* **Revision**
* **New Reservation**