|  |  |
| --- | --- |
| To: (Lodging Establishment) |       |
| From: (Agency Name): |       |
| Subject: | Reservation for Employee Traveling on Official Business for the State of Oklahoma |
| Date: |

|  |  |  |
| --- | --- | --- |
| *(date)*  |  |  |

 |
| Credit Card Number: | xxxx |  | xxxx |  | xx   |  |       |  Expiration date: |    | / |    |
| Name of Employee Traveling: |       |
| Confirmation No.: |       |  |
| Email or Fax number of Lodging Establishment:  |       |
|  |
| *(Agency)* requests the information provided in this letter be accepted and used to approve a hotel reservation for the employee identified herein.The last six digits of the above referenced account number is a central travel account issued to *(Name)*, Travel Arranger for *(Agency)*. The employee named above is traveling on official state business, which requires lodging. The employee need only provide legal proof of identification.The cardholder hereby authorizes lodging expenses for the employee to be charged to the above-referenced account from *(date)* to *(date)*, unless extenuating circumstances require a longer or shorter stay. The employee is responsible for any and all personal expenses incurred and the payment thereof. **Personal expenses shall not be posted on the state purchase card identified in this letter**.***Please submit any charges not appearing on the folio at time of check-out to:*** |
| Primary Travel Arranger Name:  |       |
| Telephone number: |       |  | Email Address:  |       |
|  |  |  |  |  |
|

|  |  |
| --- | --- |
| Alternate Travel Arranger Name: |       |
| Telephone number: |       |  |  Email Address: |       |

For verification of card security code, tax exemption, or any questions regarding this transaction, please contact the Travel Arranger listed above. Thank you. |
|  |

|  |
| --- |
|  |
| *(Alternate Travel Arranger signature)* |

 |
|  *(Primary Travel Arranger signature)* |  |