Hotel No-Show Charge Justification Form

Name Of Traveler:_____

D/S/C: _____

Hotel Name & Address:_____

City, State, Country: _____

Date of Arrival:_____/_____/_____ **(mm/dd/yyyy)**

Reason for not using Reserved Hotel:

_____

_____

_____

_____

_____

Project and Task Number to Charge:_____

Traveler Signature: _____**Date:**_____

Supr/Dept Head: _____**Date:**_____

D/S/C Head: _____**Date:**_____