MISSISSIPPI STATE UNIVERSITY

HOTEL CHARGES

DATE: _____ PURCHASE ORDER #: _____

REQUESTING INDIVIDUAL: _____ CONTACT NAME: _____

DEPARTMENT: _____ CONTACT PHONE #: _____

NAME OF HOTEL: _____

GUESTS	TITLE/AFFILIATION

PURPOSE OF STAY: _____

BENEFIT TO MSU: _____

_____ _____
Signature of Requesting Individual (Employee) Date

_____ _____
Signature of Approving Department Head/Next Higher Administrator Date