



MISSISSIPPI STATE UNIVERSITY™

Hotel Charges

Date: _____

Payment Method (Procard/PO #): _____

Department: _____

Contact Name: _____ Contact Phone Number: _____

Name of Hotel: _____

Guests **	Title/Affiliation

** If more than ten (10) people stayed at the hotel, attach the names and affiliations on a separate sheet.

Purpose of Event: _____

Benefit to MSU: _____

Signature of Requesting Individual (Employee)

Date

Signature of Approving Department Head/Next Higher Administrator

Date