



# Carlson Building Maintenance

**Hotel Form**

**02-01-2024**

- **Hotel request must be requested ahead of time.**
- **Select numbers of rooms**
- **Select numbers of beds (Single or double)**
- **Notify the employee to check in by 3pm.**
- **Specify employee name under hotel**
- **Employee name under hotel must have an I.D.**
- **Employee must pay deposit for incidentals.**
- **Any No Call No Show/Cancel will be a company loss.**

## District Information

Dm: | Felix Varela

## Job Information

Store: | 544 T0926 Moline IL

## Job Information

Check In:	02-01-2024	Check Out:	02-03-2024
How many rooms:	1	How many beds:	2

## Employee Information

New Employee Name | Edgar Solis

## Job Information

Site visit/Project type:	Training	Order number:	T234234
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## Notes

## Office use only

Notes