



# Carlson Building Maintenance

**Hotel Form**

**03-31-2025**

- **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:	Jose Martinez		
Job Information			
Store:	619 T0863 Menomonee Falls WI		
Job Information			
Check In:	04-01-2025	Check Out:	04-04-2025
How many rooms:	1	How many beds:	1
Employee Information			
New Employee Name	Ramon Dimas de Leon #15671		
Job Information			
Site visit/Project type:	Covering location	Order number:	T234234
Notes			
Covering PTO			
Office use only			
Notes			