

# Carlson Building Maintenance

**Hotel Form**

**05-04-2026**

- **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 Target T0863 Menomonee Falls WI

## Job Information

Check In:	05-04-2026	Check Out:	05-06-2026
-----------	------------	------------	------------

How many rooms:	1	How many beds:	2
-----------------	---	----------------	---

## Employee Information

New Employee Name | Milagro Garcias Mejias #16303 & Nathaniel

## Job Information

Site visit/Project type:	Full DSR	Order number:	0000
--------------------------	----------	---------------	------

## Notes

## Office use only

Notes