



Carlson Building Maintenance

Hotel Form

08-27-2025

- **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: | Pedro Amaro

Job Information

Store: | 560 T0620 Onalaska WI

Job Information

Check In: 08-27-2025

Check Out: 08-30-2025

How many rooms: 1

How many beds: 1

Employee Information

New Employee Name | Leonela Molina Molina

Job Information

Site visit/Project type: Covering location Order number: T234234

Notes

This employee cover this store also doesn't have a credit card and can you please put one close to the store

Office use only

Notes