

How to Use Restricted for Hotels

**ALL EXPENSES PAID FOR
WITH RESTRICTED MUST
BE UNDER A TRAVEL REP'S
NAME!!! ANY NON-TRAVEL
REP THAT PAYS WILL NOT
BE REIMBURSED
THROUGH RESTRICTED.**

REMINDERS:

- After reserving the hotel rooms under your name, send the quote and credit card authorization form from the hotel to sclubs@ku.edu
- Once we receive the quote and CC authorization form, we will put the rooms on the University credit card, so you will not be charged for the rooms
- It is YOUR responsibility to make sure the rooms are NOT charged on your personal credit card. Call the Sport Club Coordinator immediately if there are issues with paying with the university credit card.
- We CANNOT pay for any additional room costs for any reason (i.e. Mini fridge, room service, damages etc.)
- Upon check out it is YOUR responsibility to get an itemized receipt to return to Emilie along with your Travel Receipt Log!


Example:


An email confirmation/quote. You can forward this directly to sclubs@ku.edu.


Fwd: Hilton Garden Inn Milwaukee Park Place Confirmed Booking | Itinerary Number: 204549508


bs

problems with how this message is displayed, click here to view it in a web browser.


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[Reservation Changes](#)

Reservation Details	
Check-in :	Thursday, May 21, 2015
Check-out :	Sunday, May 24, 2015
Room(s) :	1 Standard Two Doubles
Guests :	2 Adults, 0 Children
Nights :	3
Room Subtotal :	\$ 297.00
Taxes and Fees:	\$ 60.48
Total :	\$ 357.48


Customer Information	
Room 1 Guest Name :	<u>Travel rep</u>
Email Address :	<u>information</u>
Phone Number :	

Contact Information	

Must be a travel rep!

Example:

Regular quote from a hotel. You can scan this and email to sclubs@ku.edu.



Registration

DAYS INN FAYETTEVILLE
523 SOUTH SHILOH DRIVE
FAYETTEVILLE, AR 72704 US
Phone: 479-444-9800
Fax: 479-521-9006
Email: daysinn10563@yahoo.com
Printed: 10/26/2014 5:01:57 PM

Name: Approved travel rep Confirmation Number: 95526466
Address: information Account Number: 239-251535

Room:	Room Type: NQQ1, 2	Nights: 1	Guests: 1/0
Rate Plan: SGV	Daily Rate: \$58.49 + \$9.29 Tax	GTD: VI - VISA	
Arrival: 11/8/2014 (Sat)	Departure: 11/9/2014 (Sun)	XXXX XXX X XX X	

"I understand an optional safe with limited warranty fee of \$1.25 per night will appear on my bill and may be removed upon request at or after check-out." Initials _____

____ Pet Policy: \$15 per pet per night. Pets must be crated if unattended in the room. A \$150 cleaning fee will be charged to any guest with a pet in a non-pet friendly room.

____ Smoking Policy: A \$150 cleaning fee will be charged to any guest if evidence of smoking is found in a non-smoking room.

Room Rate:
11/8/2014 (Sat) - 11/8/2014 (Sat) \$58.49 + \$9.29 Tax per night.
Total Estimated Stay Amount: \$67.78

License Plate #: _____
Make: _____
Model: _____

Guest Signature: _____

By signing above, I agree to these terms and conditions.

Check-in time: 3:00 PM **Check-out time: 11:00 AM**

TERMS AND CONDITIONS (1) I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or part of the full amount of these charges and I shall be responsible for any loss or damage to the premises or contents. (2) The property is privately owned and management reserves the right to refuse service to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

Example:

Credit card authorization form:

THIS FORM IS FILLED
OUT BY THE SPORT
CLUB COORDINATOR!

11/03/2014 6:40 PM FAX 14795219006+

DAYS INN

0001/0001



CREDIT CARD AUTHORIZATION

This form is for persons who will be staying with us and using, for payment, a credit card under another person's name. This form is an authorization for use of the credit card to pay for a particular guest or employees of a specific company.

I, **SC Coordinator**, authorize the use of my credit card to pay for room charges and tax for **TRAVEL REP NAME**

The authorization for use of the card [will / will not] (please circle one) cover incidental charges including phone charges.

The authorization for use of this card will cover the following dates: 11/8/14 - 11/9/14. If the authorization will cover all stays for an open amount of time, please specify in the blank by writing "all stays with (X) company."

Please also include with this authorization form, a front and back photocopy of the credit card and a valid identification card for security purposes. Please also sign below and fax back to our attention. Thank you for choosing Travelodge Inn & Suites. If you have any further questions regarding this matter, please contact our manager.

Sport Club Coordinator Signature

X: _____
Signature of Credit Card Holder

Days Inn
GM—Kal Gandhi
523 S Shiloh Drive
Fayetteville, AR 72704
Phone: (479) 444-9800
Fax: (479) 521-9006

REMINDER:

UPON RETURN - SUBMIT A HOTEL RECEIPT TO THE SPORT CLUB COORDINATOR (If rooms paid for with University credit card)



Carly Froyum
UNITED STATES

Receipt

Invoice date 11/12/2014
Our reference OMA-F1004319 /

Guest Carly Froyum Arrival 11/7/2014 Departure 11/8/2014 Room 0326

Date	Description	Ref.	Quantity	Unit Price	Total (USD)
11/7/2014	Room Charge		1	134.00	134.00
11/7/2014	City Occupancy Tax		1	7.37	7.37
11/7/2014	State Occupancy Tax		1	1.41	1.41
11/7/2014			1	5.65	5.65
11/7/2014	City Sales Tax		1	2.12	2.12
11/7/2014	State Sales Tax		1	7.78	7.78
11/6/2014	VS ****3396 Auth: 006311	cc auth received	1	-158.33	-158.33
Total:					0.00
Total Invoice					158.33
Total Paid					-158.33
Total Due					0.00

Be sure to visit all of our hotels in Denver, Dallas, Houston, and Omaha.
MagnoliaHotels.com

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

Invoice

Page 1 of 1

I agree to pay the charges above X _____

It feels good here