

Reference Guide to Booking Confirmation Sheet

937/948/OWF Booking/Confirmation Template			
Is this an OWF reservation (949-Miami, 954-Tampa, 961-Orlando, 978-Jacksonville)?			1
Housing Supplier Name:	2		
Oppty Number (if known):	3		
Client Name:	4		
Guest First Name:	5		
Guest Last Name (Surname):	6		
Arrival Date:	7		
Departure Date (confirmed or tentative):	8	Confirmed or Tentative?	9
Total number of days approved by client:	10	Notice to Vacate Term:	11
Total Daily Rate (excluding tax):	12		
Applicable Taxes:	Description	Tax Percentage	Dollar Value (tax percentage x daily rate)
	State Tax	13	\$0.00
	County Tax		\$0.00
	City Tax		\$0.00
	Other Tax		\$0.00
"Other Tax" Description:	14		
Pet fee amount (if applicable):	15		
Is Pet Fee taxable?	16		
Additional fees – not included in daily rate (note if taxable):	Additional Item	Taxable? Yes or No	Frequency of Fee
	17	17	17
Begin date of Tax Exempt Status	18		
Refund ALL taxes once exempt?	19		
Apartment address:	Property Name:	20	
	Street Address	City, State	Zip Code
	21	21	21
Building and apartment/unit number:	22		
Apartment size (1 bedroom, 2 bedroom, etc):	23	If Other, please specify:	23
ExecuStay Franchise booking only – Select Name of Franchise Market:	24		
Additional information or comments:	25		
Form Completed By:	26	Date Form Completed:	27
For Internal Use Only			
Reviewed by (NAL team member):	28	Date Reviewed:	29
Action to be taken (if any):	Communicated to provider?	Date of Communication:	32
30	<input type="checkbox"/> Yes 31 <input type="checkbox"/> Pending	Reservation entry complete?	Date completed:
		<input type="checkbox"/> Yes 33	34

Reference Guide to Booking Confirmation Sheet

937/948/OWF Booking Confirmation Reference Sheet		
Prior to sending oppty to 937, 948, or OWF market, complete the booking confirmation and attach to the oppty.		
1	Is this an OWF reservation (949-Miami, 954-Tampa, 961-Orlando, 978-Jacksonville)?	Please specify whether reservation is an OWF reservation by selecting Yes or No
2	Housing Supplier Name:	Housing Supplier Name should be listed as the company name where checks will be cut. (NOTE: If Franchisee, please list your company name and market)
3	Oppty Number (if known):	Oppty number (if known)
4	Client Name:	Client name can be found on "Okay to Book" email, oppty, or direct from client
5	Guest First Name:	Guest First Name can be found on "Okay to Book" email or direct from client/guest
6	Guest Last Name (Surname):	Guest Last Name (Surname) can be found on "Okay to Book" email or direct from client/guest
7	Arrival Date:	Please list the date guest is arriving to the unit
8	Departure Date (confirmed or tentative):	Please list the date guest is departing from the unit
9	Confirmed or Tentative?	Indicate whether departure date is confirmed or tentative
10	Total number of days approved by client:	Can be found on "Okay to Book" email, oppty, or direct from client/guest
11	Notice to Vacate Term:	Indicate the timeframe for which the guest is to provide notice of a firm vacate date. Please note that if "Other" is selected, the provider agrees to assume all financial responsibility associated with the Notice to Vacate (NTV) terms of this reservation. Please clearly explain the NTV terms for this reservation in the 'Additional information or comments' section below.
12	Total Daily Rate (excluding tax):	Indicate total daily rate that will be charged to the client. If EPIC, please exclude the referral fee (i.e.: Client charged \$100, provider to be paid \$93...this is a \$7/day referral fee)
13	Applicable Taxes:	Indicate any applicable tax percentages (State, County, City, Other)
14	"Other Tax" Description:	Please specify the nature of any additional tax if "Other Tax" option is populated
15	Pet fee amount (if applicable):	Complete only if applicable
16	Is Pet Fee taxable?	Complete with Yes, No, or N/A
17	Additional fees – not included in daily rate (note if taxable):	Complete only if applicable (i.e.: crib, housekeeping, delivery, garage, etc)
18	Begin date of Tax Exempt Status	Complete only if applicable
19	Refund ALL taxes once exempt?	Complete only if applicable. Complete with Yes, No, or N/A
20	Apartment address: Property Name	Please list the property name as identified in the property lease agreement
21	Apartment address: Street Address, City, State, Zip	Please list the actual address details of the unit that the guest will be staying in
22	Building and apartment/unit number:	Please list building and apartment number
23	Apartment size (1 bedroom, 2 bedroom, etc):	Indicate applicable apartment size
24	*ExecuStay Franchise booking only* – Select Name of Franchise Market:	Please complete with name of franchise market, if applicable
25	Additional information or comments:	Please complete with anything not addressed above
26	Form Completed By:	Your name
27	Date Form Completed:	Date completed and sent to Oakwood
28	Reviewed by (NAL team member):	Name of NAL team member who reviewed the reservation
29	Date Reviewed:	Date NAL team member reviewed the reservation
30	Action to be taken (if any):	Any action to be taken, if applicable (i.e.: rate/tax clarification)
31	Communicated to provider?	Please check Yes or Pending to indicate whether communication has been made to provider regarding any action to be taken, if applicable
32	Date of Communication:	Date communication was made to provider, if applicable
33	Reservation entry complete?	Please check Yes once reservation entry is complete
34	Date completed:	The date the reservation entry was completed