**Hotel Booking Form**

|  |  |
| --- | --- |
| Date of Request | Name of Requester |
| Click here to enter a date. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hotel Requirements | | | | | |
| Location | | |  | | |
| Check-In Date | | | Click here to enter a date. | | |
| Check-Out Date | | | Click here to enter a date. | | |
| # Rooms | | |  | | |
| Details of Room Accommodation | | | | | |
| Room No | **Full Name (Primary Guest)** | **Age** | | **Email ID** | **Contact No.** |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |

|  |  |
| --- | --- |
| For CRG’s Internal Use | |
| Reasons for Travel |  |
| Client Name |  |
| # Days at Client site |  |
| Type of engagement (Sales/Service) | Choose an item. |
| Expenses Reimbursable? (Yes /No) | Choose an item. |
| Name of Account Manager |  |
| Name of the Approver |  |