

UAM Trotter House

DEPARTMENTAL RESERVATION FORM

Date: _____

Guest's Name: _____

Trotter House Guest Rooms:

**Magnolia-King Bed: \$80.75 +14.75% tax*

**Pecan-Queen Bed: \$63.75 +14.75% tax*

**White Oak-2 double beds: \$63.75 +14.75% tax*

**Dogwood-Queen Bed: \$63.75 +14.75% tax*

**Cypress-Queen Bed: \$63.75+14.75% tax*

** UAM discounted price per night*

Room of Choice: _____

Check-In Date: _____ Check Out Date: _____

Approximate Arrival Time: _____

Total Room Charge: _____

14.75% Tax: _____

Total Charge to Account: _____

Account Name: _____

General Ledger Number: _____

Requestor's Signature: _____ Date: _____

Budget Manager Approval Signature _____ Date: _____

Scan completed form to: Innkeeper@uamont.edu

or

Fax completed form to: 870-460-1653