



DEPARTMENTAL RESERVATION FORM

Date: _____
Guest's Name: _____
Address: _____
Telephone Number: _____

Trotter Guest Rooms

*Magnolia *Sycamore *White Oak *Pecan *Dogwood *Cypress

Current UAM Employees may receive a 10% discount on all available rooms. (Certain conditions and blackouts may apply). Please contact the innkeeper for the current rates.

Room choice 1 and 2: 1. _____ 2. _____

Check-In Date: _____ Check Out Date: _____

Approximate Arrival Time: _____ (Check in is at 4:00 PM)

Total Room Charge: _____

Extra Add On's _____

14.75% Tax: _____

Total Charge to Account: _____

Account Name: _____

General Ledger Number: _____

Requestor's Signature: _____ Date: _____

Budget Manager Approval Signature _____ Date: _____

Email or present completed form to: innkeeper@uamont.edu or in person