

# SOUTH CAROLINA MILITARY DEPARTMENT

## Lodging Purchase Card Payment Request and Lodging Agreement Form

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Phone #: \_\_\_\_\_

Name of Hotel: \_\_\_\_\_ Hotel Phone #: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

GSA Rate for Area of Stay: \_\_\_\_\_ Hotel Rate (w/o taxes): \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Total # of Nights: \_\_\_\_\_

Hotel Cancellation Policy:

Justification (explain why you are requesting the Agency pay for hotel expenses in lieu of being reimbursed upon return from travel):

Requestor will acknowledge by initialing:

- \_\_\_\_\_ I have read and understand the Agency's policy and procedures for use of the State Procurement Card for lodging payments.
- \_\_\_\_\_ I understand the State will ONLY pay for the costs for rooms, taxes on rooms, and parking billed by the lodging facility. I assume responsibility for all other charges.
- \_\_\_\_\_ I understand I am NOT eligible to request a travel advance.
- \_\_\_\_\_ I understand I may have to provide a personal credit/debit card to the hotel for incidentals.
- \_\_\_\_\_ I understand I will be responsible for any cancellation charges resulting of my failure to notify the Lodging Purchase Card holder.

Requestor must attach the following:

- Approved Travel Authorization Form
- CGO Travel Form A
- CGO Travel Form C (if required)

\_\_\_\_\_  
Requestor's Name

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Authority's Name

\_\_\_\_\_  
Approval Authority's Signature

\_\_\_\_\_  
Date

Lodging Cardholder Use Only:

Confirmation #: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_