

**NASSAU BOCES CORPORATE CREDIT CARD RESERVATION FORM**

Traveler's Name: \_\_\_\_\_ Date \_\_\_\_\_  
Traveler's Cell Phone: \_\_\_\_\_ Original \_\_\_\_\_ Revised \_\_\_\_\_  
Budget Code: (use coser-activity-object format only) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Conference Start Date: \_\_\_\_\_ Conference End Date: \_\_\_\_\_  
Conference Start Time: \_\_\_\_\_ AM / PM Conference End Time: \_\_\_\_\_ AM / PM  
*enter all times with a colon (e.g. 8:30)*

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**Airfare: (attach documentation with flight data)**

Quote/Option 1: \_\_\_\_\_  
Quote/Option 2: \_\_\_\_\_  
Quote/Option 3: \_\_\_\_\_

Traveler Data as it appears on Driver's License:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Home Address 1: \_\_\_\_\_  
Home Address 2: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**note:** if rates change, you may be booked on flight option #2 or #3

**AMTRAK:**

Destination Station: \_\_\_\_\_ Check: Penn Station \_\_\_\_\_ Grand Central Station \_\_\_\_\_  
Preferred Departure time going: \_\_\_\_\_ AM / PM Preferred Departure time leaving: \_\_\_\_\_ AM / PM

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**Car Rental: PLEASE DO NOT BOOK CAR RENTAL using personal credit card**

Check One: Hertz Budget Avis (Nassau BOCES has accounts with these vendors)  
Pickup Date: \_\_\_\_\_ Drop Off Date: \_\_\_\_\_  
Pickup Location: \_\_\_\_\_ Drop Off Location: \_\_\_\_\_  
Pickup Time: \_\_\_\_\_ AM / PM Drop Off Time: \_\_\_\_\_ AM / PM  
Total Quote: \_\_\_\_\_

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**Lodging/Event: Corporate Credit Card is to be used ONLY when a PO is not accepted for payment**

**Please ask for the Government Rate**

Hotel/Event does NOT accept PO/Check for Payment: (signature) \_\_\_\_\_  
Hotel/Event Name: \_\_\_\_\_ Hotel/Event Phone: \_\_\_\_\_  
Hotel/Event Location: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Total # of Nights: \_\_\_\_\_  
Confirmation #: \_\_\_\_\_  
Phone number associated with the reservation: \_\_\_\_\_  
Daily Rate: \_\_\_\_\_ Tax: (if applicable) \_\_\_\_\_ Total Rate per Night: \_\_\_\_\_  
Grand Total of Charges: \_\_\_\_\_

**Employee must obtain a copy of the hotel receipt upon checkout and forward it to Business Services (A/P)**

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Departmental Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_