Approval #: _____ Account #: _____ Course #: _____ Session #: _____

LODGING REQUEST FORM

Today's Date: _____ Requested Coordinator: _____

Signature of Requesting Coordinator: _____

Name of Course: _____

Location of Course: _____

Date(s) of Lodging: _____

Hotel: _____

Hotel Address: _____

Hotel Phone #: _____

No. of Rooms Reserved: _____

Room Confirmation #: _____

Room Rate: _____

Cancellation Deadline: _____

Special Requests: _____

Signature of Approval: _____

Date Approved: _____

ADDITIONAL INFORMATION:
- Coordinators must submit lodging a minimum of two (2) weeks prior to lodging date.
- All reservations will be made under the Department of Fire Services or Mass Fire Academy.
- Department of Fire Services will only be billed for room rate and tax. Coordinators/Instructors are required to pay any additional charges accrued during their stay.
- *** Please note that all room as reserved as double-occupancy. Please <u>DO NOT</u> reserve additional rooms without prior approval of the Scheduling Office. Coordinators/Instructors booking additional rooms will need to provide the hotel with payment prior to booking. Department of Fire Services will not accrue the additional charges ***

CANCELLATION PROCEDURES:
If the following lodging request needs to be cancelled for any reason, the coordinators/instructors needs to follow these procedures:
- During the normal business hours: Monday thru Thursday 7:00 am to 3:30 pm., please contact the Scheduling Office at (978) 567-3203 or x3205.
- **During non-business hours** (after 3:30 pm or on Friday/weekends) <u>the coordinators/instructors are responsible</u> for the cancellation of the following lodging request prior to the cancellation date listed above.
  - *Please notify the Scheduling Office of the cancellation with the following information: cancellation date, cancellation number and name of contact from the hotel.*

Scheduling Office Use Only:
A complete copy of this request has been sent to:
☐ Coordinator   ☐ Instructor   ☐ Business Office   ☐ Cancellation Notification

----- **OVER** ----

Lodging Request form 04/2022

Approval #: _____ **Account #:** _____ **Course #:** _____ **Session #:** _____

Name of Instructor #1: _____

Arrival Date: _____

Departure Date: _____

Traveling more than 2 hours or more? ☐ Yes ☐ No

If yes, please provide estimated travel time: _____

Other reasons for lodging: _____

Special Request: _____

Name of Instructor #2: _____

Arrival Date: _____

Departure Date: _____

Traveling more than 2 hours or more? ☐ Yes ☐ No

If yes, please provide estimated travel time: _____

Other reasons for lodging: _____

Special Request: _____

Name of Instructor #3: _____

Arrival Date: _____

Departure Date: _____

Traveling more than 2 hours or more? ☐ Yes ☐ No

If yes, please provide estimated travel time: _____

Other reasons for lodging: _____

Special Request: _____

Name of Instructor #4: _____

Arrival Date: _____

Departure Date: _____

Traveling more than 2 hours or more? ☐ Yes ☐ No

If yes, please provide estimated travel time: _____

Other reasons for lodging: _____

Special Request: _____

Name of Instructor #5: _____

Arrival Date: _____

Departure Date: _____

Traveling more than 2 hours or more? ☐ Yes ☐ No

If yes, please provide estimated travel time: _____

Other reasons for lodging: _____

Special Request: _____