

HOTEL ACCOMMODATION BOOKING FORM - CORPORATE / DUTY TRAVEL

From CX Port/Dept:						To: Headland Hotel – Reservation Department					
Fax No:						Fax: (852) 2115 6062, Email: booking@headland.com.hk					
Compa	any Email:										
Date:	e: Cost Centre: A/C Code:					Approved by:(Department Head Job Title, Company Chop & Signature)					
Guest Name		Employee ID No.	Arrival Date	Flight No.	Depart Date	i light No. &	No. of Breakfast	(For use on hotel arrival)			
(Family Name, First Name Mr/Ms)		(ERN)	(e.g. 26Feb18)	& Arrival Time	(e.g. 28Feb18)		Departure Time	Voucher(s)	Guest Signature	Date	
-	al Requests:ent method: Payment at hotel (cred		sh) OR	1			1				
	Debit to the above Cost Centre and Account Code (SAP Purchase Order No:) Please note that unless specifically agreed, charges for room and/or breakfast vouchers are to be debited to the above cost center and account code. Any other charges are to be settled by the individual traveller prior to departure from the Hotel. - Billing Instructions: Booking confirmation and summary of charges being settled by the company are to be forwarded to the below office:										
	Name:	7	Гel:	Fa	x:		Email:				
-	Billing Address:										