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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: (Lodging Establishment) | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From: (Agency Name): | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Subject: | | | Reservation for employee traveling on Official Business for the State of Oklahoma | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | |  |  |  | | --- | --- | --- | | *(date)* |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card Number: | | | | xxxx | | |  | xxxx | | |  | | xx | |  |  | | | Expiration date: | | | |  | / |  |
| Name of Employee Traveling: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Confirmation No.: | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |
| Email or Fax number of Lodging Establishment: | | | | | | | | | |  | | | | | | | | | |
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| *(Agency)* requests the information provided in this letter be accepted and used to approve a hotel reservation for the employee identified herein.  The last six digits of the above referenced account number is a central travel account issued to *(Name)*, Travel Arranger for *(Agency)*. The employee named above is traveling on official state business, which requires lodging. The employee need only provide legal proof of identification.  The cardholder hereby authorizes lodging expenses for the employee to be charged to the above-referenced account from *(date)* to *(date)*, unless extenuating circumstances require a longer or shorter stay. The employee is responsible for any and all personal expenses incurred and the payment thereof.  **No charges other than room and parking, if applicable, are authorized. Personal expenses shall not be posted on the state purchase card identified in this letter**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Travel Arranger Name: | | | | | |  | | | | | | | | | | | | | | | |
| Telephone number: |  | | | | | | | |  | | | | Email Address: | | | | |  | | | | | | | | | | | | |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Secondary Travel Arranger Name (Optional): | | |  | | | | | Telephone number: |  |  | | Email Address: |  |   **In-state payments made with an Oklahoma state agency VISA card are exempt from all sales and use taxes and the appropriate letter from the Oklahoma Tax Commission is included with this letter.**  **Our tax exempt number is 736017987.**  For verification of card security code, tax exemption, or any questions regarding this transaction, please contact the Travel Arranger listed above. Thank you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  |  | | --- | --- | |  | | | *(Secondary Travel Arranger signature)Optional* | | | | | | | | | | | | | | | | | | | | | | | |
| *(Primary Travel Arranger signature)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |