

**OKLAHOMA CONSERVATION COMMISSITION  
HOTEL RESERVATION INFORMATION**

EMPLOYEE NAME			
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EMPLOYEE ID			
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EMPLOYEE OFFICIAL DUTY STATION			
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DATES NEEDED	Arrival Date		Departure Date	
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HOTEL NAME			
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HOTEL PHONE NUMBER			
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NAME OF EMPLOYEES PER ROOM			
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KING OR DOUBLE			
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SMOKING OR NON-SMOKING			
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ADDITIONAL INFORMATION			
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**FINANCIAL MANAGEMENT USE ONLY**

DATE RESERVED			
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BY			
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CONFIRMATION #			
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CONTACT			
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