



CENTRAL TRAVEL ACCOUNT – LODGING

(CTA) – NON-UW TRAVELERS ONLY

The Henry M. Jackson School of International Studies
University of Washington, Box 353650

PLEASE TYPE FORM

REQUIREMENT: You must book lodging through a hotel that accepts CTA.

IMPORTANT: A copy of the hotel reservation must be attached and must include traveler's name, dates of stay, and amount(s).

NOTE: Requesters must ensure that foreign nationals are eligible for lodging depending on visa type and must submit proper documentation upon guest's arrival.

For Business Office Use:

Date of Contact _____

Reconcile _____

ID# _____

Date _____

Requested by _____ Program _____

Phone _____ E-mail _____

Budget # _____ - _____ Amount \$ _____ PCA* _____ Authorized Signer _____

Budget # _____ - _____ Amount \$ _____ PCA* _____ Authorized Signer _____

*When Needed

Is individual receiving honorarium or professional service fee from UW?	YES	NO	
Is traveler a US citizen/resident alien?	YES	NO	If no, complete visa type/status below
Visa Type/Status?			Please choose option from dropdown menu
Does stay include non-UW business time?	YES	NO	If yes, CTA cannot be used
Is anyone else staying with UW guest?	YES	NO	If yes, CTA can only be used if amount is not affected
Is traveler being reimbursed by a third party?	YES	NO	If yes, CTA cannot be used
Is the nightly rate before tax at/or below the lodging per diem?	YES	NO	If no, an authorized person must approve the request

See: <http://www.gsa.gov/portal/category/104711>

Traveler's Legal Name _____

Permanent Home Address _____
(City & State Only)

Business Purpose of Travel (include activity, event, and location).

Check-In Date _____ **Check-Out Date** _____

Date(s) of Event/Service _____

The sponsoring program ("sponsor") is responsible for making reservations. The sponsor is also responsible for informing the guest(s) and the hotel that the UW is financially responsible only for the single room rate plus taxes. The guest(s) is/are financially responsible for all other charges, such as phone calls, movies, mini-bar, etc.; charges should be resolved by the guest(s) prior to departure. The sponsor must notify the hotel and JSIS Business Office in the event of a cancellation; any "No Show" charges will be applied to the above budget number(s).

Hotel:

Hotel Name _____

Hotel Contact _____ **E-mail:** _____

Phone _____ **Confirmation #** _____
(if available)

TOTAL \$ _____

Submit form to: JSIS Accounts Payable, Thomson Hall 4th floor Mailroom
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