

**SAN LUIS VALLEY BOARD OF COOPERATIVE EDUCATIONAL SERVICES
LODGING REQUEST FORM**

Today's Date _____

Instructions:

1. Request must be filled out by person making request.
2. Request must be filled with the program director **two weeks prior to date requested.**
3. The program director must approve the request.

DATE PROFESSIONAL LEAVE WILL BE NEEDED _____ DEPARTURE TIME _____

NAME OF PERSON REQUESTING LEAVE _____

PURPOSE OF LEAVE: _____

DESTINATION: _____

NAME OF HOTEL: _____

NIGHTLY RATE: _____ NUMBER OF NIGHTS: _____

TOTAL AMOUNT: _____

SIGNATURE OF PERSON SUBMITTING REQUEST _____

Make check payable to: _____

Please check one: Mail check Return check to requestor

APPROVED _____ DISAPPROVED _____

(Signature) Program Director

For office use only:

Invoice No. _____

Account No. _____

DR 160 (9/87)
DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER, COLORADO 80261

THIS LICENSE IS NOT TRANSFERABLE

State of Colorado

**CERTIFICATE OF EXEMPTION
FOR SALES AND USE TAX ONLY**

SAN LUIS VLLY BRD
COOP EDUC TL SVCS
PO BOX 1198
ALAMOSA CO 81101-2546



ACCOUNT NUMBER	LIABILITY INFORMATION		ISSUE DATE
	ACCOUNT NUMBER	LIABILITY NUMBER	
98-02049	30 001 8600 9 080179		OCT 14 1988
22ND&SAN JUAN	ALAMOSA CO		

Executive Director
Department of Revenue