

Please use this form for employees of:

# SIGN IN FORM



**TYE  
EMPLOYEES  
ONLY**

HOTEL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Hotel's CLC  
ACCT. NO. \_\_\_\_\_

Phone \_\_\_\_\_

Completed by \_\_\_\_\_

	Employee I.D. #	Signature	Check In		Check Out		Inbound Train #	Room #	Time Called	Outbound Train #	Division	Train Origin	No. Of Nights
			Date	Time	Date	Time							
1.													
2.													
3.													
4.													
5.													
6.													
7.													
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16.													
17.													
18.													
19.													
20.													

**Please Note:**

1. Employees must complete all spaces including time in and out.
2. The company will pay only agreed room rates; **no incidentals** (food, phone, etc.)
3. Billings must include sign-in forms with signatures.
4. Individual sheets can be billed with fewer than 20 spaces signed.

**HOTEL ACCOUNTING:**

Send Completed Forms and Invoice To:  
 BNSF TYE  
 c/o Corporate Lodging Consultants, Inc.  
 8111 E. 32<sup>nd</sup> St. North Suite 300  
 Wichita, Kansas 67226-2614  
 (316) 636-5055 FAX (316) 219-4678