

# Disaster Operations Daily Lodging Report (SP-4)

(All city staff that are provided emergency lodging)

Date:					
	Print Employee's Name	Signature	I.D. Number	Employee's Dept.	Hotel or Motel & Room #
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					
16					
17					
18					

