

Host Damage Protection Payment Request Form

Company Name

HostCare Solutions

Form Reference Number

HDPF-2024-003

Date of Request

December 20, 2024

Host Information

Name of Host: Emma Johnson

Property Address: 123 Main Street, Springfield, IL, 62704

Contact Details:

- Phone: +1-234-567-8901
- Email: emma.johnson@hostcare.com

Guest Information

Name of Guest: David Parker

Booking Reference Number: BK-2024-9876

Stay Period: December 1, 2024 – December 10, 2024

Damage Details

Date of Incident: December 9, 2024

Description of Damage: Broken window and stained carpet in the living room caused during the guest's stay.

Estimated Repair/Replacement Cost: \$800

Supporting Information

Attached Documents:

1. Photos of damage (attached as evidence)
2. Repair estimates from vendor
3. Incident report

Payment Request Details

Amount Requested: \$800

Currency: USD

Purpose of Payment: Reimbursement for damages caused by the guest during their stay.

Payment Due Date: December 30, 2024

Authorization Section

Requested By:

- Name: Emma Johnson
- Signature: _____
- Date: December 20, 2024

Approved By:

- Name: Sarah Williams
- Signature: _____
- Date: December 21, 2024

Remarks/Comments

Reimbursement requested promptly to cover repair expenses and ensure property readiness for the next booking.