



Hotel Reservation Agreement Form

This form will help Brown University departments ensure timely and authorized billing of local hotel charges for University visitors for hotel expenses under \$3,000.

This form authorizes the hotel to invoice the University authorized department for specified charges for accommodations. **Invoices should be sent directly to the University authorized department.** Charges not approved by the Department Head or Cost Center Manager shall be paid by the guest. It will be the responsibility of the hotel to collect from the guest all charges not approved.

Direct Billing Information for Hotel Invoice:

Date: _____ Authorized Department: _____

Department Contact: _____

Address: _____

City/State/Zip: _____

Phone#: _____ Fax#: _____

E-mail: _____

Guest Name: _____

Check In Date: _____ Check Out Date: _____

Confirmation #: _____

Hotel Name: _____

Phone #: _____ Fax#: _____

E-mail: _____

Room Type: _____ Room Rate: _____

Comments: _____

Authorized Charges*

Airport Shuttle: ___ Local Calls: ___ Long Distance Calls: ___ Breakfast: ___ Lunch: ___ Dinner: ___ Parking: ___

Other: _____

Department Head or Cost Center Manager Signature: _____

Print Name: _____

*All items checked are to be charged to the authorized department. Items not checked are to be charged to the Brown University guest. The original form should be kept by the authorized department. Completed copies of this form should be sent to the hotel and the Brown University guest. Use the Supplier Invoice process to pay, and attach a copy of this completed form when submitting for payment. Use the Visitor Travel (3940) Spend Category.

Brown University Use Only:

If Processing through FANS, please indicate worktags: _____