



University of Connecticut Health Center

Hotel & Conference Facility RESERVATION AUTHORIZATION

Department: \_\_\_\_\_ Department Mail Code: \_\_\_\_\_

Guest Host: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Guest's Name \_\_\_\_\_ Department Telephone: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Reservation Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

FRS Coding:

| FUND | LEDGER | ACCOUNT | SUBCODE |
|------|--------|---------|---------|
|      |        |         |         |
|      |        |         |         |

Tax Exempt Status YES NO

Step One:

If tax exempt status is yes send this form to Fiscal Services MC5305  
Fiscal Services will send the hotel a tax-exempt certificate

Step Two:

Print and send this form to :

The \_\_\_\_\_ must attach this completed form to their invoice and return it within (5) days of the guest's departure or of the event to:

|                                                                                                                                |
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| <p>University of Connecticut Health Center<br/>         Dept. of<br/>         Farmington, CT 06030<br/>         Attention:</p> |
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