



# 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.

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**Brown University Use Only:**

If Processing through AFA, please indicate worktags: \_\_\_\_\_