

Third Party Billing Form

Guest Name : _____

Arrival Date _____ Departure Date _____

Organization : _____

Contact: _____

Department: _____

Contact Phone: _____

Billing Address/ : _____
 PSU mail code _____

Contact Email: _____

Contact Fax: _____

Guest Address: _____

Guest Phone : _____

Guest Email : _____

(Applies only if Attending Conference):
 Name of Conference: _____

University System Only (Fill out if Applicable)

Department Name: _____

Chart of Accounts: _____

Account Number: _____

Short Code/Index: _____

Purpose for Use (required):

Please check all that Apply Below:

Guest is allowed the following Charges:

- Room Rental and Tax
- Room Rental Only
 (Guest is Tax free and will provide proper verification)
- Parking
- Restaurant Meals
- Conference Room Rental
- Catering
- Audio Visual
- Internet
- Rollaway Bed
- _____

Authorizing Signature

Date

Note: Departmental authorization is needed if billing is to be conducted via departmental journal voucher.

Please return a signed copy of this form via fax/mail/delivery to the information provided to ensure reservations are made.

University Place at PSU
 310 SW Lincoln Street
 Portland, Oregon 97201
 Phone: 503-221-0140
 Fax: 503-525-8836