

**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
- 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.