



Res ID#: \_\_\_\_\_

\_\_\_\_\_

### PSU Department Third Party Billing Form

Guest/Group Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Guest/Group Address: \_\_\_\_\_ Contact: \_\_\_\_\_

\_\_\_\_\_ Contact Phone: \_\_\_\_\_

Guest/Group Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Guest/Group Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Billing Address/PSU Mail Code: \_\_\_\_\_

\_\_\_\_\_

**Please check all that Apply Below:**

*Guest/Group is allowed the following charges*

- Guarantee Group Room Block     Conference Room Rental
- Hotel Room and Tax                 Audio Visual
- Parking                                  Catering
- ALL HOTEL CHARGES (PSU Housing Only)
- Other (please specify): \_\_\_\_\_

**PSU Departments Only (Fill out if Applicable)**

Department Name: \_\_\_\_\_

Chart of Accounts: \_\_\_\_\_

Account Number: \_\_\_\_\_

Short Code/Index: \_\_\_\_\_

**Purpose for Use (required):**

**Required Hotel Room Information:**

Number of Rooms: \_\_\_\_\_ Number of People per Room: \_\_\_\_\_

Additional Names: \_\_\_\_\_

\_\_\_\_\_

ALL NON PSU HOUSING GUESTS ARE REQUIRED TO PRESENT VALID PHOTO ID AND CREDIT/DEBIT CARD TO CHECK-IN.  
A TEMPORARY \$50 HOLD WILL BE PLACED ON GUEST'S CREDIT CARD FOR INCIDENTALS.  
THE HOTEL ONLY ACCEPTS CREDIT/DEBIT CARDS.

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Please Print)

Please return a signed copy of this form via Fax/Mail/Delivery to the information provided to ensure reservations are made.

University Place Hotel and Conference Center  
310 SW Lincoln Street  
Portland, Oregon 97201

Phone: 503-221-0140 Fax: 503-224-0744

Owned and Operated by Portland State University  
Tax ID# 36-4776757 PO BOX 751 Portland, OR 97202