



UConn HEALTH

CONTRACT HOTEL & CONFERENCE FACILITY AUTHORIZATION

Organization: _____ Department Mail Code: _____

Guest Host: _____ Contact Person: _____

Guest's Name: _____ Email: _____

Confirmation Number: _____

Reservation Dates: From: _____ To: _____

FOAPAL CODE:	FUND	ORG	PGM	ACCT

Tax Exempt Status YES ☐ NO ☐

Step One:

If tax exempt status is "Yes" send this form to Fiscal Services, MC 5105
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:

UConn Health

Department of
Farmington, CT 06030

Attention: