

# HOTEL ROOM DIRECT BILL REQUEST

**TO:** HOTEL NAME: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

**FROM:** THE UNIVERSITY OF TEXAS AT DALLAS  
DEPARTMENT NAME: \_\_\_\_\_  
DEPARTMENT ACCOUNT #: \_\_\_\_\_  
AUTHORIZED SIGNATURE: \_\_\_\_\_  
TELEPHONE/FAX NUMBER: \_\_\_\_\_

**UTD requests that you reserve a room and direct bill UTD (via invoice) for the following guest:**

Guest Name: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_ Number of Room Nights \_\_\_\_\_

**Relationship to UTD** (circle one): Must be U.S. Citizen or Permanent Resident Alien to use this form, otherwise use alien information collection form.

Employee      Prospective Employee      Student      Independent Contractor/Consultant\*

**UTD will be responsible for** (check one):

Room & Tax Only \_\_\_\_\_ Direct Bill All Charges \_\_\_\_\_

Room, Tax, and Meals \_\_\_\_\_ Room, Tax and Phone Calls \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

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HOTEL CONFIRMATION #: \_\_\_\_\_

ROOM RATE: \$ \_\_\_\_\_

PER HOTEL EMPLOYEE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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\*An Authorization for Professional Services must be approved by UTD's Tax Compliance Officer if Contractor/Consultant is an individual.

**Note to Hotel:** After confirming, fax this completed form to the UTD requestor **and** to Procurement Management/Travel @ 972-883-2348. Any questions about UTD Travel Policies should be directed to Pete Bond or Susan Nelson @ 972-883-2300.