

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER ACCOUNTS PAYABLE
DEPARTMENT APPLICATION FOR DIRECT BILLING OF HOTEL**

Date: _____ Department Name: _____

Traveler's Name: First _____ Middle _____ Last _____

Account#: _____ Personnel #: _____ Request ID #: _____

Purpose of Trip: _____

GL Code: _____ Accompanied By: (If Applicable): _____

DIRECT BILL HOTEL

Hotel requested: _____

Arrive date: _____ Departure date: _____

Departmental Approval (Required if traveler is accompanied)

CBO Approval (Required if traveler is accompanied)

Prepared by: _____ Date: _____

TO BE COMPLETED BY ACCOUNTS PAYABLE OFFICE

Hotel confirmation #: _____ Cancellation#: _____

Invoice# _____ Date Paid: _____

Amount: \$

Completed by: _____