# UNIVERSITY OF PENNSYLVANIA

## SHERATON UNIVERSITY CITY HOTEL AUTHORIZATION

**PHONE NUMBER: (215) 387-8000 FAX NUMBER: (215) 387-5939**

### PART I. RESERVATION INFORMATION

|  |  |
| --- | --- |
| NAME OF GUEST OR GROUP: | |
| PURPOSE OF STAY OR EVENT: | |
| RESERVATION MADE BY: | EXT.: |
| RESERVATION CONFIRMED BY: | DATE: (MM/DD/YYYY) |

### PART II. SLEEPING ROOMS

|  |  |  |  |
| --- | --- | --- | --- |
| ARRIVAL DATE:    (MM/DD/YYYY) | DEPARTURE DATE:    (MM/DD/YYYY) | ROOM RATE:  $194 + 15.5% tax | # OF ROOMS: |
| ROOM TYPE:  SINGLE  DOUBLE  TRIPLE  QUAD  SUITE | | | |
| CHARGES TO BE BILLED TO DEPARTMENT:  ROOM & TAXPARKINGMEALSALL OTHER INCIDENTALS | | | |
| UNDERSTANDING THAT INDIVIDUAL ARRANGEMENTS AUTHORIZE BILLING OFDO NOT AUTHORIZE BILLING  ARE SUBJECT TO LAST MINUTE CHANGES, WE … ACTUAL DAYS STAYED DAYS OTHER THAN ABOVE | | | |

#### PART III. CATERING/FUNCTION

|  |  |
| --- | --- |
| DATE OF FUNCTION:    (MM/DD/YYYY) | # OF ATTENDEES: |
| LOCATION OF FUNCTION: | |
| TYPE OF FUNCTION:  BREAKFASTLUNCHDINNERMEETING | |

FOR CATERING AND CONFERENCE FUNCTIONS, A LETTER DETAILING THE SERVICES TO BE PROVIDED WILL BE SENT TO YOU. PLEASE SIGN THIS LETTER AND RETURN TO THE SHERATON UNIVERSITY HOTEL AS SOON AS POSSIBLE.

#### PART IV. ACCOUNTING INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 26 DIGIT ACCOUNT NUMBER (# of digits in each segment) | | | | | | | ESTIMATED COST: |
| CNAC (3) | ORG (4) | BC (1) | FUND (6) | OBJ (4) | PROG (4) | CREF (4) |
|  |  |  |  |  |  |  |

#### PART V. APPROVALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMBOSSED IDENTIFICATION: | | SIGNATURE OF BUDGET ADMINISTRATOR: | | |
| PLEASE TYPE NAME OF BUDGET ADMINISTRATOR:  Ian Semmler or Jerel Wohl or Dallas Grundy | | |
| DEPARTMENT NAME:  Law School | DEPARTMENT ADDRESS:  3501 Sansom Street | | TEL. EXT.:  3-6938 | DATE:    (MM/DD/YYYY) |

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