

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:	# OF ROOMS:
ROOM TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> QUAD <input type="checkbox"/> SUITE			
CHARGES TO BE BILLED TO DEPARTMENT: <input type="checkbox"/> ROOM & TAX <input type="checkbox"/> PARKING <input type="checkbox"/> MEALS <input type="checkbox"/> ALL OTHER INCIDENTALS			
UNDERSTANDING THAT INDIVIDUAL ARRANGEMENTS ARE SUBJECT TO LAST MINUTE CHANGES, WE ... <input type="checkbox"/> AUTHORIZE BILLING OF ACTUAL DAYS STAYED <input type="checkbox"/> DO NOT AUTHORIZE BILLING DAYS OTHER THAN ABOVE			

PART III. CATERING/FUNCTION

DATE OF FUNCTION: (MM/DD/YYYY)	# OF ATTENDEES:
LOCATION OF FUNCTION:	
TYPE OF FUNCTION: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> MEETING	

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

EMBOSSSED IDENTIFICATION:	SIGNATURE OF BUDGET ADMINISTRATOR:		
	PLEASE TYPE NAME OF BUDGET ADMINISTRATOR:		
DEPARTMENT NAME:	DEPARTMENT ADDRESS:	TEL. EXT.:	DATE: (MM/DD/YYYY)

UNIVERISTY OF PENNSYLVANIA

SHERATON UNIVERSITY CITY HOTEL AUTHORIZATION PROCEDURES

- Make reservations/arrangements directly with the **SHERATON UNIVERSITY CITY HOTEL at (215) 387-8000.**
- If this is a catering and/or conference function, you will receive a letter detailing the services to be provided.
- Complete the SHERATON UNIVERSITY CITY HOTEL AUTHORIZATION form and, if this is a catering or conference function, please sign the services' agreement letter.
- Send the embossed and signed authorization form to:

**SHERATON UNIVERSITY CITY HOTEL
36TH AND CHESTNUT STREETS
PHILADELPHIA, PA 19104**

- If this is a catering and/or conference function, you must **ALSO** send the signed service's agreement letter to the above address.
- After stay/event, the SHERATON UNIVERSITY CITY HOTEL will:
 - Send a statement to the responsible department
 - Charge your account via a journal entry.
- Compare the statement to the charge on your account.

If there are any questions regarding the charges on your statement, please contact the **SHERATON UNIVERSITY CITY HOTEL at (215) 387-8000 extension 603.**

If it is correct, just file the statement. The transaction is completed.

NOTE: It is not necessary to send copies of this form to the Comptroller's Office. Also, the services' agreement letter does not require a signature from the Purchasing Office.