UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
ACCOUNTS PAYABLE DEPARTMENT

APPLICATION FOR DIRECT BILLING OF HOTEL

Date: _____ Department Name: _____

Traveler's Name: First_____Middle _____ Last _____

(Exactly as it appears on the government issued ID that will be used at the TSA Airport Security Checkpoint. No middle initial (MI) is to be used if the middle name is spelled out on the documentation.) *A COPY OF THE ID TO BE USED MUST BE ATTACHED TO THIS FORM.*

Account #: — — — — — — — — Personnel#:_____ Trip #:_____

Purpose of Trip: _____ AIRFARE CAN NO LONGER BE DIRECT BILLED _____

GL code:_____ **Accompanied By**: (If Applicable e):_____

_____ _____

PER NEW TSA REGULATIONS, THE FOLLOWING INFORMATION JS REQUIRED FOR COMMERCIAL AIR TRAVEL:

Date of Birth:_____ Gender: _____

DIRECT BILL AIRFARE

Departing flight date: — — — — — — — — — — Return flight date: — — — — — — — — — — — — — — —

Originating City: — — — — — — — Destination : — — — — — — — — — — — — — — —

DIRECT BILL HOTEL

Hotel requested: —

Arrival 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

1. **Airfare DB#**:_____N/A_____

2. Hotel confirmation#:_____Cancellation #:_____
   Invoice #: — — — — — — — — **Date paid**:_____Amount: $_____

   Completed by: --

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Form Revised 04/06/2018