



Medstar Interdepartmental Invoice - Hotel Reservations

3800 Reservoir Road, NW
Washington, DC 20057

Name of Entity to be Credited: **Georgetown University Hotel and Conference Center**

Name of Cost Center to be Charged: _____

Guest Name: _____	Reservation #: _____
Arrival Date: _____	Departure Date: _____

Amount \$

Description of Articles Furnished or Services Rendered to appear on Budget Account	Dollar	Cents
Hotel Charges	\$	

Additional Billing Information (if applicable):

Approved Hotel Charges (check all that apply)	Approval Signatures
Room and Tax <input type="checkbox"/>	Approved by: _____ <i>Signature</i>
Incidentals <input type="checkbox"/>	Prepared by: _____ <i>Print Name</i>
Breakfast <input type="checkbox"/>	Department: _____
Parking <input type="checkbox"/>	Date: _____ Phone Ext: _____
All Charges <input type="checkbox"/>	
Tax Exempt <input type="checkbox"/>	

Please attach exemption certificate, if applicable.

Cost Center Information		
Fund	Account Code	Center Number

Please confirm that Cost Center information is correct. The hotel cannot process reservations without the full cost center information; and guest(s) may be charged in full if form is incomplete.

For questions regarding this form, please contact **Zachary Drake**, Revenue Manager, by email at zid2@georgetown.edu or by phone at (202) 687-3255.